Brunswick County Emergency Medical Services System

Continuing Education Program

Richard Carley, MD
Brunswick County Medical Director
Brunswick Community Hospital

Arthur Sneed, Jr. NREMT-P
EMS Training Coordinator
Brunswick County EMS System

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BRUNSWICK COUNTY EMS SYSTEM CONTINUING EDUCATION REQUIREMENTS

Statement Of Goals [2601(a)(15)]

It is the goal of the Brunswick County EMS System, through the Medical Director, Emergency Medical System Training Coordinator, local departmental Training Officers, and Brunswick Community College, to provide a quality continuing education program consisting of any or all of the following: didactic instruction, skills evaluation, and written examinations for every First Responder Level I-III, Medical Responder, EMT-Basic, EMT-Defibrillation, EMT-Intermediate, and EMT-Paramedic practicing in the system. This program shall be provided within the rules and regulations set forth by the North Carolina Office of Emergency Medical Services and the North Carolina Medical Board.

Continuing Education Guidelines [2601(a)(15)a] and [2601(a)(15)(f)]

Due to the variety of medical and trauma-related emergencies, health care providers practicing in the Brunswick County Emergency Medical System must continue their education through quality continuing education programs. This program will be sponsored by Brunswick Community College, and/or Brunswick County Emergency Medical Services System, which will be offering continuing education in the traditional classroom continuing education. Annual skills evaluation on the basic and advanced level will also be offered at Brunswick Community College and/or Brunswick County Emergency Medical Services. There will be a variety of instructors including but not limited to, Doctors, Nurses, Paramedics, Respiratory Therapist, and Educational Coordinators. Quality continuing education offerings are necessary for the following reasons:

1. Approved health care providers may not receive adequate practice in the field environment to maintain a high proficiency in skills acquired in their initial BLS and ALS training program.
2. There may be new advancement in prehospital care that the medical director may desire to implement into the system.
3. A review of case studies by the Quality Management Committee may reveal areas of care, which need more emphasis.
4. Approved health care providers must continue to review and improve upon their basic life support skills since the majority of the care they provide is based upon knowledge and skills they acquired as a basic EMT.

This program is designed to provide the **practicing** health care provider with the knowledge and skills to provide the care necessary in the prehospital environment. This is achieved by review and enhancement of skills received through the initial education programs, and the addition of new and/or expanded concepts based on current research and technological improvements.

Program Requirements

All Brunswick County Emergency Services System health care providers shall maintain the required hours of didactic continuing education and the required skills evaluations annually as listed in this document. This program will provide, through didactic education, multi-media programs, and skills evaluations, the opportunity to continue your education and stay current on the ever-changing trends. An authorized North Carolina State Certified EMS Instructor will conduct skills evaluations. The Emergency Medical Services System Training Coordinator may elect to perform additional skill evaluations. The EMS Division Head will be responsible for designating the Emergency Services System Training Coordinator. A master copy of health care provider training records will be sent to the Emergency Services System Training Coordinator immediately upon request. Records shall be submitted utilizing the proper forms contained in this document.

Failure of an individual provider to comply with the requirements of this program may result in loss of privileges to function within the Brunswick County Emergency Services System.

Feedback for the System [2601(a)(15)(g)]

It is the goal of Brunswick County Emergency Services System, Brunswick Community College, and Brunswick County Medical Director to offer a quality continuing education program. In order to achieve this goal we need feedback from everyone participating in the continuing education program. You are encouraged to submit your comments or concerns to the Brunswick County Emergency Services System Training Coordinator. There is a comment box located in the lobby of the main EMS base in Bolivia, and as always, phone calls are welcome. We will use this feedback to improve our continuing education program. Please designate on your survey/feedback form if you would like the Training Coordinator to contact you regarding your feedback or concern.

Monthly Continuing Education:

ALS continuing education will be offered a minimum of four times each month to include day and evening sessions. This is to meet the needs of the multiple ALS responders involved in our system.

The daytime offerings are scheduled for a three and one half hour time period to allow for departmental discussion during the first thirty scheduled minutes. Evening offerings are developed for the ALS personnel with first responder agencies within our system.

During these sessions information will be distributed such as data from the Quality Management Committee and how it affects the system. Any addition to equipment or changes in protocols and policies will also be reviewed during these sessions. This will be accomplished though in-services and competencies on new equipment, review and handouts of any policy, plan, guideline and protocol change. These sessions will be followed up with a “question/answer” session to assure that all personnel are aware and understand any additions or changes. These in-services will be held with the volunteer rescue squads when the issue at hand will involve them. This is pursuant to Section VII, [1(d)] of the OEMS Guidelines for Implementation of an EMS System.

BLS continuing education will be the responsibility of the individual providers department training officers. The education plan will be developed with assistance of the Brunswick County EMS Training Coordinator to assure compliance with continuing education topics and hours within our system.

[2601(a)(15)h], [2601(a)(11)c]

Clinical requirements will not be a part of the program. The Medical Director and/or the Emergency Services System Training Coordinator will reserve this component for use as remedial education as deemed necessary. If clinical requirements are deemed to be necessary the provider will utilize Brunswick Community Hospital or Arthur J. Dosher Memorial Hospital and be under the direct supervision of the nurse liaison or other healthcare provider designated by the Training Coordinator. If field requirements are deemed necessary, the provider will be placed with an EMS Field Training Officer until remedial requirements have been met. During both clinical and field internship an evaluation of the providers skill, knowledge, and professionalism will be completed on the appropriate form(s). This will be submitted to the Brunswick County Emergency Services System Training Coordinator for review and then to the Medical Director.

The Medical Director, and/or the Emergency Services System Training Coordinator in consultation with the Emergency Medical Services Division Head shall suspend any participating health care provider for not maintaining the minimum continuing education requirements and/or not demonstrating competency in performance of BLS and ALS skills within a specific audit period. **(see appendix A: Policies)**

Persons with a suspended certification may then make up the missed continuing education hours during the suspension period in addition to the required hours for the subsequent audit period.

Continuing Education Records

Brunswick County Emergency Services System establishes the responsibility of each health care provider (having privileges to practice in Brunswick County), participating in the continuing education program, to have the ultimate responsibility for acquiring and maintaining his or her continuing education record as required by the Brunswick County Training Coordinator. It is the responsibility of the EMS Training Coordinator to maintain a current training database for all full and part time EMS employee.

In order to place this responsibility with the appropriate person, each individual health care provider will be responsible for ensuring that the Emergency Services System Training Coordinator has access to their training records and that they can be submitted to the Training Coordinator in a timely manner. The preferred method of submission is by the approved forms and electronic media.

In order to establish a record for all current and future Brunswick County Emergency Services System health care providers, the forms in Section 4 of this document must be completed and the originals submitted along with ***current*** copies of the health care providers' certification cards. Any health care provider that fails to forward a copy of their valid certification card, when required or requested, will not be permitted to function in this System until such time as a current and valid copy of their certification card is submitted to the Emergency Services System Training Coordinator.

All health care providers, in order to practice at their approved level of certification in the Brunswick County Emergency Medical System, will submit an application for approval to practice, to the Emergency Services System Training Officer. This form is provided in Section 4.

Medical Director Requirements

The Brunswick County Emergency Services System Medical Director and System Training Coordinator have mandated additional National Standard courses for specific levels of health care providers. This mandate shall be as follows:

- ***All Healthcare Provider Levels – Basic Cardiac Life Support annually***
- EMT-Intermediate - Advanced BTLS or PHTLS, and ACLS and PEPP/PALS.
- EMT-Paramedic - Advanced BTLS or PHTLS, and ACLS, and PEPP/PALS.

All health care providers must ***maintain current certifications*** in the courses listed above. The BTLS course is a (3) three-year certification. The ACLS, PALS and PEPP courses are two-year certifications. BCLS is a two-year certification.

AHA sponsored courses will be offered on even number years to provide a consistent schedule to avoid lapse in required certifications.

BTLS will be offered on a three-year cycle beginning in 2007.

The months that these courses are scheduled will be the continuing education topic for the specified month.

Utilization of System Data:

System data should be utilized to enhance continuing education by the review of patient care reports and feedback from various providers to include but not limited to, first responders, ED medical staff, and general public. This data will be received from the EMS Training Coordinator and relayed to the Quality Management Committee.

This committee may make recommendations based on data received from but not limited to monthly patient call report audits, data such as response times and suggestions or concerns brought to the Quality Assurance Committee by system personnel or related agencies/departments. This committee should review the data and make any suggestions to the System Training Coordinator if needed. This is pursuant to Section VII, [1(b)], under additional requirements for model EMS Systems of the OEMS Guidelines for Implementation of an EMS System and [.2602(a)(5)].

Continuing Education Tracking:

The training office of each department will maintain a copy of each provider's continuing education including annual skills testing. Both computer and hard copy should be used to maintain the training records. Every training session shall be documented on hard copy by an employee sign in sheet or certificate of attendance and in a data base type tracking system. It is the individual providers responsibility to maintain and keep up with their continuing education as it applies to their recredentialing process. All records will be available to OEMS and the System Training Coordinator at their request. This is pursuant to Section VII, [4(b) i] of the OEMS Guidelines for Implementation of an EMS System.

Brunswick County Training Association Duties: [2601(a)(15)(d)], [2601(a)(15)(L)]

It will be the responsibility of the Brunswick County Training Association to review and evaluate the continuing education program and to address how changes in the EMS System practice should and will be incorporated into the continuing education program. Some of the areas to be addressed include, but are not limited to, protocols, equipment and technology, medical practices and special population issues.

The Brunswick County Training Association is made up of the Emergency Services EMS Division Head, Emergency Services System Training Coordinator, Brunswick Community College Continuing Education Coordinator, Nurse Liaisons from Brunswick Community Hospital and Dosher Hospital, and the Training Officers from all Fire Departments, Rescue Squads, Emergency Services Agencies, and Law Enforcement Agencies in Brunswick County that provide medical care to the residents of Brunswick County. The Brunswick County Training Association meets on the third Thursday at six o'clock in the evening on the odd months at the Emergency Services Center in Bolivia, North Carolina. If there are issues to be addressed prior to the next meeting date a special meeting will be called.

Assessing the Learning needs of the EMS Professional:
[2601(a)(15)(e)]

During these meetings the individual educational needs of each affiliated agency will be addressed. Training Officers will be given the opportunity to address individual concerns to the System Training Coordinator and/or System Medical Director. Continuing education, whether it is through didactic, electronic, clinical or field experiences may be assessed at least one of the following ways: Patient Call Report (PCR) audit and review, direct field evaluation by the agency's Training Coordinator, written examination or the Quality Management Committee. This is pursuant to Section VII, [1(c)] of the OEMS Guidelines for Implementation of an EMS System.

Continuing education should be based on feed back from the Quality Management Committee, through the Audit and Review process. This committee may look at areas such as but not limited to: specific skills, treatment modalities, process modalities, patient outcomes and other system data. This committee may make recommendations to the System Training Coordinator for future specific continuing education. This is pursuant to the additional requirements for a model system, section [1(a)], [3(a)] of the OEMS Guidelines for Implementation of an EMS System and [.2605(a)(5)].

Though EMS providers may be allowed to function outside of the traditional practice setting, all treatment modalities will be based upon the current Brunswick County EMS System protocols. Providers may only deviate from these protocols when given direction from a physician in an approved practice setting. However, providers may only perform those skills under their credentialed level set by Brunswick County Emergency Services System. Though these providers will function under the direction of the physician, the department administrator of the approved facility will administratively supervise them. Each provider will be responsible for complying with the approved department's standard operating procedures and guidelines as well as any specific education, competencies, meetings and other required tasks. All EMS System providers will be required to maintain the minimal requirements set forth by this document regardless of practice setting. This is pursuant to Section VII, [1(b)] of the OEMS Guidelines for Implementation of an EMS System.

[2601(a)(15)(i)]

The Brunswick County Emergency Services System Training Coordinator will address and deliver the continuing education requirements to each individual agency's Training Officer, or their designee, for the Brunswick County Medical Director. Each individual agency's Training Officer will then address and deliver the continuing education requirements to their respective agencies and/or education will be provided through an approved Community College.

System Continuing Education Coordinator:

The System Continuing Education Coordinator will be Arthur Sneed, Jr. , EMT-Paramedic. His qualifications include:

- Associate Degree in Applied Science in EMS from Gaston Community College
- National Registered Paramedic
- OEMS Level II EMS Instructor

This section is pursuant to Section VII [1(a)] of the OEMS Guidelines for Implementation of an EMS System under additional requirements.

Medical Director:

The Medical Director shall meet the requirements as mandated by the NCCEP under the Standards for the Selection and Performance of EMS Medical Directors, sections I and II as well as be Board Certified in Emergency Medicine. The Medical Director will maintain no less than twenty hours of continuing education at the Category I level annually. This education shall be EMS related. This may be gained through accredited self-study modules, local, regional, State and National conferences or by other means. This is pursuant to Section VII, [1(e)] and under additional requirements [3b(i)(ii)] of the OEMS Guidelines for Implementation of an EMS System.

Instructor Credit:

Individuals are encouraged to participate in the educational program by teaching various topics in a variety of styles and settings. Providers may receive hour for hour credit for content provided.

Personal Professional Development:

Purpose:

A. Individuals may wish to attend additional training for the purpose of professional development.

B. These subjects may or may not be directly related to patient care, but relate to EMS and require a specialized type of training.

C. Credit hours for attendance at these seminars or courses may or may not be given, depending upon the subject and how it relates to EMS. Credit hours may be given, with a maximum of four hours per year, and only if written documentation is submitted.

D. Every effort will be made to assist the student with professional development. Every effort will be made to secure time off from your scheduled shift as needed. Time off will not however, be guaranteed.

E. Computers at the base stations may be utilized for distance learning. Approval must be obtained to install any program needed.

F. All continuing education requirements must still be met as usual.

Required Continuing Education Topics [2601(a)(11)4.a], [2601(a)(11)4.a(i)(ii)]
All health care providers shall be exposed to the following hours of instruction for these topics at least once during the two (2)- year credentialing period. The instructional objectives for these topics shall be developed locally for each EMS certification level. The Emergency Services System Training Officer, with the cooperation of Brunswick Community College and local training officers, shall ensure that each student receives instruction at the appropriate EMS certification level utilizing the instructional objectives identified in this document. The Training Officer of each individual provider is responsible for ensuring that each member of their squad does not get delinquent in their continuing education. The training records for all providers will be accessible to NC Office of EMS and the Brunswick County Training Officer at all times. The provider's Training Officer and the Brunswick County Training Coordinator will review individuals bringing in training records from another system, or those obtained from outside agencies. These records will be reviewed to verify that the objectives that were met comply with our Continuing Education Program and they will then be placed in the individuals training record. At times it may be prudent to accept only portions of an outside agencies continuing education to ensure compliance with our Continuing Education Program for Brunswick County.
[2601(a)(15)(c)]

EMS PROVIDER
REQUIRED HOURS OF CONTINUING EDUCATION

Module	**Recommended hours per year**
PREPARATORY: Suggested topics include: EMS Systems/The Roles and Responsibilities of the EMT/Paramedic, The Well-Being of the EMT/Paramedic, Illness and Injury Prevention, Medical / Legal Issues, Ethics, General Principles of Pathophysiology, Pharmacology, Venous Access and Medication Administration, Therapeutic Communications, Life Span Development	**3-5**
AIRWAY MANAGEMENT AND VENTILATION: Suggested topics include: Airway Management and Ventilation	**3-5**
PATIENT ASSESSMENT: Suggested topics include: History Taking, Techniques of Physical Examination, Patient Assessment, Clinical Decision Making, Communications, Documentation	**2-4**
TRAUMA: Suggested topics include: Trauma Systems/Mechanism of Injury, Hemorrhage and Shock, Soft Tissue Trauma, Burns, Head and Facial Trauma, Spinal Trauma, Thoracic Trauma, Abdominal Trauma, Musculoskeletal Trauma	**3-4**
MEDICAL: Suggested topics include: Pulmonary, Cardiology, Neurology, Endocrinology, Allergies and Anaphylaxis, Gastroenterology, Renal/Urology, Toxicology, Hematology, Environmental Conditions, Infectious and Communicable Diseases, Behavioral and Psychiatric Disorders, Gynecology, Obstetrics	**9-12**
SPECIAL CONSIDERATIONS: Suggested topics include: Neonatology, Pediatrics, Geriatrics, Abuse and Assault, Patients with Special Challenges, Acute Interventions for the Chronic Care Patient	**3-4**
OPERATIONS: Suggested topics include: Ambulance Operations, Medical Incident Command, Rescue Awareness and Operations, Hazardous Materials Incidents, Crime Scene Awareness	**1-2**
TOTAL	***24-36***

All BLS personnel will be required to attend a minimum of 24 hours per year of certification period; ALS personnel will be required to attend 36 hours per year of certification period.

[2601(a)(15)(c)]
SKILLS EVALUATION

All State Credentialed EMS Professionals, to include MR, EMT-B, EMT-I, EMT-P, operating within the Brunswick County System shall be evaluated on the following Basic Life Support Skills once every (2) two years. These evaluations shall be *performed by* an "**AUTHORIZED NC STATE CERTIFIED INSTRUCTOR."**

- PATIENT ASSESSMENT
- VITAL SIGNS
- AIRWAY MANAGEMENT
- ADULT, CHILD, AND INFANT CARDIOPULMONARY RESUSCITATION
- ADULT, CHILD, AND INFANT FOREIGN BODY AIRWAY OBSTRUCTION
- TRACTION AND RIGID SPLINTING
- SPINAL INJURY MANAGEMENT
- HEMORRHAGE CONTROL
- SEMI-AUTOMATIC DEFIBRILLATION **(Medical Responders are excluded from this skill)**
- BLIND INSERTION AIRWAY DEVICES **(Medical Responders are excluded from this skill)**
- EPINEPHRINE AUTO-INJECTORS **(Medical Responders are excluded from this skill)**

The evaluation shall include, at a minimum, the procedures and acceptable performance standards set forth in the Basic Life Support Skills Sheets contained in this document.

Documentation of satisfactory performance of the skills shall be completed on the skills sheets contained within this document, under **SECTION 3**, with the original to be maintained by Brunswick Community College. These skill sheets need to be part of your continuing education documentation and are to be forwarded to the Brunswick County Emergency Services System Training Officer if needed.

[2601(a)(15)(c)]

ALS SKILLS EVALUATION

All Advanced Life Support EMS Professionals, EMT-I and EMT-P, operating in the Brunswick County System shall be evaluated on the following Advance Life Support Skills once every two years. We will utilize the skill sheets compliant with current acceptable standards. These evaluations shall be *performed by an* "**AUTHORIZED NC STATE CERTIFIED INSTRUCTOR"**.

The following are the skills that will be evaluated for each credentialed/certification level:

EMT-I

- ELECTRICAL THERAPY
- ENDOTRACHEAL INTUBATION
- VASCULAR ACCESS/VENIPUNCTURE
- MEDICATION ADMINISTRATION AND PHARMACOLOGY

EMT-P

- ELECTRICAL THERAPY
- ENDOTRACHEAL INTUBATION
- VASCULAR ACCESS/VENIPUNCTURE
- MEDICATION ADMINISTRATION AND PHARMACOLOGY
- PEDIATRIC INTRAOSSEOUS INFUSION
- PEDIATRIC VENTILATORY MANAGEMENT

[2601(a)(15)(f)]

Skills Evaluations will be offered through this Program three times yearly. Upon arrival at the Skills Evaluation session, the technician will be expected to perform the skill for testing purposes. There will not be an opportunity to practice at these sessions. Please come ready to be evaluated on each skill. In the event a technician should not successfully complete a skill, they will have one additional opportunity at the end of that session to pass the station with a different evaluator examining the station. If the technician fails the second time the results will be forwarded to the Brunswick County Training Coordinator for review. The Brunswick County Training Coordinator may then forward the results to the Quality Assurance Committee for review.

Documentation of satisfactory performance of the skills shall be completed on the skills sheets contained within this document and maintained by the Brunswick Community College. The original will be forwarded to the Brunswick County Emergency Medical System Training Coordinator. .

Local Written Examinations for Recertification

Any ALS technician failing to meet the recertification requirements or are required to take a written exam based on their recertification schedule will be followed as listed in the recertification process.

The method of administering the local recertification written examinations will be as follows:

1. To be eligible for local recertification each health care provider must be in full compliance with all requirements of the local continuing education program including skills evaluation and oral boards.
2. All written examinations will be administered during the last six months of the current certification period.
3. The Brunswick County Emergency Medical System Training Coordinator or designee will administer all written examinations. The master files containing the examinations will be password protected with a hard copy maintained in a locked file only accessible by the Medical Director and Brunswick County Emergency Medical System Training Coordinator.
4. Each candidate will be given three opportunities to successfully pass the examination.
5. If the candidate requires more than one attempt to successfully pass the examination, an alternate exam will be utilized for the next attempts.

Disciplinary Policy and Revocation of Credentials/Certificates [2601(a)(15)k]

The Brunswick County Emergency Services System Training Coordinator will determine disciplinary action and/or suspension or revocation of credentials/certificates. The Brunswick County Emergency Services System Training Coordinator may elect to consult with the Local Medical Director, Quality Assurance Committee, and Brunswick County Emergency Services System EMS Division Head. **(See Appendix: Policies)**

Legal Recognition as an EMS Instructor in the Brunswick County Emergency Medical System:

All State certified EMS instructors wishing to teach medical classes in Brunswick County must have written approval from the Brunswick Community College Medical Director, prior to scheduling the class with Brunswick Community College. The Brunswick Community College Medical Director will, in a prudent manner, discuss a potential instructor's abilities and credentials with the County Training Coordinator and/or the Quality Assurance Committee.

Section 2

Didactic Component

Program Objectives

Program objectives marked with a (x) are not required of the level of certification so designated.

1. Infection Control/Bloodborne Pathogens

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Overview of Basic Infection Control Practices
				Infection Control Terms and Concepts
				Diagnosis of Communicable Disease a. Hepatitis b. Tuberculosis c. HIV Infections d. S.A.R.S.
				Universal Precautions and Body Substance Isolation a. Protecting yourself against potentially infectious pathogens b. Protecting the patient against potentially infectious pathogens c. Annual Hepa-Mask fit testing of all providers
				Infection Control Legislation a. Refusal To Treat or Transport b. The Ryan White Act c. OSHA Bloodborne Pathogen Standard d. Local Requirements for Exposure Documentation
				Infection Reduction and Prevention
				Annual Review of the Departmental Exposure Control Plan and Cleanup Procedures

2. Pre-hospital Environment:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Discuss the development of EMS in the Untied States.
				Discuss the systems approach to EMS.
				Discuss system components.
				Discuss Medical Direction and oversight.
				Discuss system coordination and EMS organization. a. State EMS Office b. Regional EMS c. Local EMS d. Funding of EMS
				Discuss EMS Regulatory Authority a. Federal authority b. State and Local authority c. Licensure or certification d. Delegated practice e. Facility design and categorization f. EMS Boards and Committees
				Discuss System Planning, Goals and Objectives a. Incident Command System b. Tiered response c. Response Times d. Advanced life support e. Early defibrillation f. Mutual Aid and disaster response
				Discuss System Components and Standards a. First Responders b. Ambulances and Ambulance Crews c. Helicopter Operations/Landing Zone Establishment d. Critical care Transport Units e. Hospitals f. Trauma Centers and Systems g. Educational Programs
				Discuss EMS Communications a. System Access b. Dispatch Centers 1.) Brunswick County C-COMM 2.) Oak Island Communication Center c. Emergency Medical Dispatch d. Dispatch and Medical Communications Systems
				Discuss Medical Ethics
				Discuss the functions of EMT's at all levels of certification.
				Discuss the value of Professional Organizations.
				Discuss the components of the EMS Call.
				Discuss Medical Accountability of EMS Providers a. Physician involvement b. Authority to provide patient care c. Medical Direction/Medical Control 1) On-line Medical Direction 2) Off-line Medical Direction

2. Pre-hospital Environment Continued:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Discuss the method of Quality Assurance vs. Quality Improvement.
				Describe the EMT-Patient Relationship a. Confidentiality b. Consent c. Use of Restraints
				Discuss Issues in Resuscitation a. General Principles b. Withholding and Stopping Resuscitation c. Advance Medical Directives d. Out-of-Hospital Do Not Resuscitate Orders e. Death in the Field Setting
				Evidence and Accident Scene Responsibilities

3. Response to Crisis Situation:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Stress Management The Nature of the Stress Response a. Physiology of the Stress Reaction b. Types of Stress Reactions c. Stress and the Emergency Responder d. Critical Incident Stress e. Critical Incident Stress Management f. Stress Management Strategies g. Significant Other Stress
				Defense Mechanisms a. Beneficial b. Detrimental
				Stages of the grieving process (Kuber-Ross) a. Denial b. Anger c. Bargaining d. Depression e. Acceptance
				Components of CISM a. Pre-incident stress training b. On-scene support c. Advice to command staff d. Initial discussion e. Defusing f. Demobilization g. Critical incident stress debriefing h. Follow up services

4. General Patient Assessment:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Discuss the critical variables of the scene in which the patient is found.
				Discuss the value of Dispatch Information.
				Discuss the importance of scene Size-up on arrival.
				Discuss the components of Scene Safety.
				Describe the types of Violent or Hostile Environments the EMS Provider may encounter.
				Describe other types of Dangerous environments significant to this area.
				Describe the unique dangers in responding to Highway and Transportation Incidents.
				Describe the information obtained from the physical surroundings of the scene. a. Learning from the scene 1) Trauma Scenes 2) Medical Scenes
				Discuss the importance in Scene Control a. Friends, Family, and Bystanders b. Infectious Disease Exposure
				Discuss the value of assessment of the Mechanism of Injury.
				Review the Time Factor in caring for Trauma Patients.
				Discuss the Laws of Physics Applied To Trauma a. Newton's Laws of Motion b. Kinetic Energy
				Discuss the Mechanism of Blunt Trauma a. Change-of-speed injuries 1) Sheer Injuries 2) Compression Injuries
				Review the Types of Motor Vehicle Collisions a. Head-on Collisions b. Rear-end Collisions c. Side-impact or Rotational Collisions d. Rollovers
				Discuss the impact of Seat Belts and Airbags
				Review the Types of Motorcycle Collisions a. Head-on Collisions b. Side-impact or Rotational Collisions c. Ejection's d. Laying the bike down
				Review of All-Terrain Vehicle Collisions
				Review of Tractor Rollovers
				Review of Pedestrian Incidents
				Review of Falls and Hangings
				Review of Injuries Associated with Explosions
				Review of Injuries Associated with Penetrating Trauma

4. General Patient Assessment: (Cont.)

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Discuss The Recognition and Management of Immediate Threats To Life a. Determining Responsiveness b. Managing The Airway c. Determining Breathing d. Assessment of Circulation e. Controlling Severe Bleeding f. Exposure Appropriate To Injury or Illness
				Discussion of the Management of the Patient with Airway and Breathing Compromise a. Review of the Respiratory /System b. Common Causes of Breathing Emergencies c. Assessing the Patient For Breathing Difficulty
				Discuss Assessment of the Responsive Patient a. Recognizing Airway Obstruction b. Managing Airway Obstruction in the Responsive Patient c. Recognizing Respiratory Distress in the Responsive Patient d. Managing Respiratory Distress
				Discuss Assessment of the Unresponsive Patient a. Managing Respiratory Arrest b. Managing Airway Obstruction
				Discuss The Types of Breathing Emergencies that EMS Encounter a. Traumatic Conditions b. Medical Conditions
				Discuss Assessment of the Patient Without a Pulse
				Review of Anatomy of the Cardiovascular System a. The Conduction System
				Discussion of the Causes of Cardiac Arrest
				Discuss The Assessment of the Pulseless Patient a. Responding To The Call b. Approaching The Patient c. Recognizing Cardiac Arrest
				Overview of Special Considerations a. Traumatic Arrest b. Electrical Shock c. Near Drowning d. Hypothermia e. Transport of Cardiac Arrest Patients f. Termination of Efforts

4. General Patient Assessment Continued: (Cont)

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Management of Circulatory Compromise a. Shock b. Fluid Replacement c. Hypothermia d. Cardiac Arrest
				Management of Altered Level of Responsiveness a. Hypoglycemia b. Seizures
				Management of Infectious Processes a. Sepsis b. Meningitis c. Reye's Syndrome
				Discussion of the Management of the Patient with Compromised Circulation. a. Understanding Circulatory Compromise b. Recognizing Circulatory Compromise 1) Approaching The Patient 2) Assessing The Patient a) Initial Assessment b) History and Physical Exam c) Pulse d) Respirations e) Skin Vitals f) Blood Pressure g) Bleeding
				Discussion of the Management of Compromised Circulation a. Oxygenation b. Controlling Blood Loss c. Fluid Administration d. Pharmacological Therapy e. Electrical Therapy f. Transcutaneous Pacing
				Management of Specific Conditions a. Congestive Heart Failure b. Anaphylaxis

5. Medical Patient Assessment:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				The Clinical Significance of Vital Signs a. Pulse 1) Tachycardia 2) Bradycardia b. Blood Pressure c. Respirations d. Pulse Oximetery e. Skin Vitals
				Overview of Focused History and Physical Exam
				History and Physical Exam of the Medical Patient a. Patient History b. Chief Complaint c. History of Present Illness or Event d. Pertinent Past Medical History e. Performing the Physical Exam 1) Assessing the head 2) Assessing the neck 3) Assessing the chest 4) Assessing the abdomen 5) Assessing the pelvis 6) Assessing the extremities 7) Assessing the posterior body
				Obtaining Baseline Vital Signs
				The Importance of Continued Assessment and Evaluation
				Discussion of the Special Consideration of the Geriatric Patient

6. Cardiovascular Emergencies:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Caring for the Chest Pain Patient
				Pathophysiology of Chest Pain
				Patient Assessment a. History b. Physical Exam c. Medications
				Key Conditions and Findings a. Myocardial Ischemia b. Acute Myocardial Infarction c. Esophageal Spasms d. Pleuritic Chest Pain e. Aortic Dissection f. Pericarditis g. Gall Bladder Disease h. Intra-Abdominal Disorders
				Management of the Patient with Chest Pain and AMI
				Management of Palpitations and Dysrhythmias
				Discuss Assessment of the Patient Without a Pulse
				Pathophysiology of Rhythm Disturbances
				Patient Assessment of Rhythm Disturbances a. History b. Physical Exam c. Medications
x (c)	x (c)			Discuss The Management of the Patient in Cardiac Arrest a. Mechanical Therapy b. Electrical Therapy c. Pharmacological Therapy d. Restoring Circulation
x (a) x (b) x (c)	x (a) x (b) x (c)			Management of Rhythm Disturbances a. Stable vs. Unstable Rhythms b. Too Fast or Too Slow Rhythms c. Wide QRS vs. Narrow QRS

7. Respiratory Emergencies:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Epidemiology of Pulmonary diseases and Pulmonary conditions
				Physiology of Ventilation and Respiration
				Discussion of the Patient with Dyspnea
				Pathophysiology of Dyspnea
				Patient Assessment of the Dyspneic Patient a. History b. Physical exam c. Medications
				Discussion of key Conditions and findings a. Upper Airway Obstruction b. Pulmonary Pathologies c. Cardiac Problems d. Other causes
				Discussion of the Management of the Patient with Airway and Breathing Compromise
				Assessing the Patient For Breathing Difficulty
				Common Causes of Breathing Emergencies
				Review of the Respiratory /System

8. Airway and Ventilation:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Discussion and identification of various oxygen-delivery devices a. Explain the basis for oxygen administration a. Describe and demonstrate use of the following delivery devices 1) simple face mask 2) partial rebreather mask 3) non-rebreather mask 4) nasal cannula 5) pocket mask 6) bag-valve-mask 7) demand valve resuscitator 8) automatic transport ventilator c. Describe the flow rates and oxygen percentages of each device e. Demonstrate the ability to set up an oxygen cylinder, administer oxygen, and terminate oxygen delivery e. Indications, advantages and disadvantages of each devices f. Demonstration of the assembly and use of the Bag-Valve-Device
				Discussion of the purpose of using the Blind Insertion Airway Device a. Indications of the B.I.A.D. b. Contraindications of the B.I.A.D a. Demonstration of the insertion of the B.I.A.D. b. Problems in using the B.I.A.D.
				Discussion of the purpose for nebulization of medications
				Explain the purpose of direct laryngoscopy
x (f)	x (f)			Discussion of the indications, contraindications, pre- and post-procedure care for the patient requiring endotracheal intubation: a. equipment required b. assembly of the equipment c. types of endotracheal tubes d. types of blades and handles e. common errors in endotracheal intubation f. performing endotracheal intubation

9. General Pharmacology, Part I:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR (x)	EMT	I	P	OBJECTIVE
x x x				Discuss the role of the EMS professionals (at the various levels of certification) in the administration of pharmaceuticals in the pre-hospital setting
x				Discussion of the various drug names
x				Review of the Regulation of Drugs
x				Discussion of the Actions and Interactions
x				a. Absorption
x				b. Distribution
x				c. Mechanism of Action
				d. Metabolism and Elimination
x				Discuss the Basics of Medication Administration
x				a. Communications
x				b. Calculations
x				Discuss and Review the Categories of Medications
x				a. Cardiovascular Medications
x	x (1)			1) Antidysrhythmics
x	x (2)			2) Antihypertensives
x				3) ACE Inhibitors
x	x (4)			4) BETA Blockers
x	x (5)			5) Calcium Channel Blockers
x	x (6)			6) Cardiac Glycosides
x				7) Coronary Vasodilators
x	x (8)			8) Diuretics
x	x (9)			9) Parasympatholytics (Anticholinergics)
x	x (10)			10) Sympathomimetics
x	x (11)			11) Thrombolytics
x	x (12)			12) Vasodilators
x				b. Central Nervous System Medications
x	x (1)			1) Anticonvulsants
x	x (2)			2) Antidepressants
x	x (3)			3) Antipsychotics
x	x (4)			4) Sedatives/Hypnotics
x	x (5)			5) Narcotic Analgesics
x				c. Gastrointestinal Medications
x	x (1)			1) Antidiarrheals
x	x (2)			2) Antiemetics
x	x (3)			3) Appetite Suppressants
x	x (4)			4) Antisecretories (Antiulcers)
x				d. Antimicrobial Agents (antibiotics)
x	x (1)			1) AIDS Drugs
x	x (2)			2) Antibacterials
x	x (3)			3) Antituberculosis
x				e. Miscellaneous Medications
x	x (1)			1) Alkalizing Agents
x	x (2)			2) Anti-inflammatory Analgesics
x	x (3)			3) Anti-inflammatory/Steroids
x	x (4)			4) Anticoagulants
x				5) Antihistamines
x				6) Bronchodilators
x				7) Diabetic Medications
x	x (8)			8) Skeletal Muscle Relaxers
	x (9)			9) Lipid-lowering Medications
x	x			Review of the AHA Classifications of Therapeutic Interventions

10. Endocrine Emergencies:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Anatomy and Physiology of the Endocrine System
				Identify the risk factors that predispose a person to endocrinologic disease
				Differentiate between the pathophysiology of normal glucose metabolism and diabetic glucose metabolism
				Pathophysiology, Patient Assessment, Signs and Symptoms and Treatment of Diabetes Mellitus
				Pathophysiology, Patient Assessment, Signs and Symptoms and Treatment of Hypoglycemia a. Compensatory mechanisms utilized by the body to promote homeostasis when hypoglycemia is present
				Pathophysiology, Patient Assessment, Signs and Symptoms and Treatment of Diabetic Ketoacidosis
				Differentiate among different endocrine emergencies based on Assessment and history

11. Trauma Assessment and Management:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Review of Anatomy related to the Trauma Patient
				Mechanism of Injury
				Patient Assessment and Management a. Inspection of the abdomen and chest 1) Impaled Objects 2) Penetrating Wounds 3) Open Pneumothorax 4) Fail Chest and Pulmonary Contusions 5) Evisceration b. Palpation of the Chest and Abdomen c. Auscultation of the Chest and Abdomen 1) Unilateral Loss of Breath Sounds 2) Pneumothorax 3) Needle Decompression 4) Cardiac Auscultation 5) Hypovolemic Shock 6) Cardiogenic Shock 7) Controversies in Shock Management
				Head, Eyes, Ears, Nose Mouth and Throat Trauma a. Anatomy 1) Head 2) Eyes 3) Ears 4) Nose 5) Mouth and Throat
				Head/EENT Trauma a. Assessment Considerations b. Intracranial Injuries c. External Injuries
				Orthopedic Injuries a. The Cervical Spine 1) Neurological Assessment 2) Management of Cervical Spine Injuries b. Thoracic and Lumbar Spine Injuries 1) Management of Thoracic and Lumbar Spine Injuries c. Extremity Trauma 1) Open Fractures 2) Vascular Compromise 3) Monitoring Vascular Status 4) Splinting Techniques d. Pelvic Injuries 1) Pelvic Injury Management

11. Trauma Assessment and Management: (Cont)

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Management of the Critical Trauma Patient a. Causes of Critical Trauma b. The Golden Hour c. The Trauma System d. Pre-arrival Considerations 1) Trauma Scoring Systems e. Scene Survey f. Scene Safety g. Mechanism of Critical Injury
				Discussion of the Initial Assessment and Management of the Critical Trauma Patient
				Discussion of Focused History and Physical Exam
				Discussion of Continued Assessment
				Managing the Critical Trauma Patient a. Load and Go Situations
				Discussion of Special Considerations a. Pediatric Trauma b. Trauma During Pregnancy
				Overview of the Critical Pediatric Trauma Patient a. Epidemiology of Critical Illness and Trauma b. Preparing for Pediatric Response 1) Equipment (Pedi-Boards, etc.)
				The Importance of Continued Assessment and Evaluation
				Discussion of the Special Consideration of the Geriatric Patient

12. 12 Lead ECG:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR (x)	EMT (x)	I	P	**OBJECTIVE**
x	x			Theory of Prehospital 12 Lead ECG
x x x x	x x x x			Infarct Recognition a. Indicative Changes b. Reciprocal Changes c. Right Ventricular Infarcts
x x x x x x	x x x x x x			Obtaining the 12-Lead ECG a. Lead Placement 1) Limb Leads 2) Precordial Leads b. 15 Lead ECG c. Patient position and skin preparation
x	x			Review of QRS Labeling
x x x x	x x x x	x x x x		Rapid Axis and Hemiblock Determination a. Angles of Axis b. How to Determine Axis c. Pathological Axis
x	x	x		What happens during a Bundle Branch Block
x x x x	x x x x	x x x x		Hemodynamics a. Preload b. Afterload c. Contractility
x	x	x		Wide QRS Tachycardia's
x x x x x	x x x x x	x x x x x		Myocardial Blood Supply a. Right Coronary Artery b. Posterior Descending Artery c. Left Anterior Descending d. Left Circumflex Artery

13. Burn Assessment and Management:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Burn Injuries a. Types of Burns 1) Thermal Burns 2) Inhalation Burns 3) Electrical Burns 4) Radiation Burns 5) Chemical Injuries 6) Associated Trauma
				Skin Anatomy and Physiology a. Layers of Skin
				Pathophysiology of burns
				Burn Assessment a. Burn Depth b. Percentage of Burns c. Location of Burns
				Field Assessment of Burns a. Scene Assessment b. Patient History c. Physical Assessment
				Management of Burns a. Minor Burns b. Major Burns 1) Stopping the Burning Process 2) Airway and Breathing 3) Fluid Resuscitation 4) Monitoring 5) Associated Injuries 6) Medications

14. General ECG Rhythm Review:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR (x)	EMT (x)	I	P	**OBJECTIVE**
x	x			The Normal Electrical Heart
x	x			The ECG Cycle
x	x			ECG Application
x x x x x x x x x x x x	x x x x x x x x x x x x			Determining Cardiac Rhythm a. Rate Calculation b. Pattern Recognition c. QRS Width d. Atrial Activity e. Relationship Between P Waves and QRS Complexes f. Sources of Impulses 1) SA Node 2) Atrium 3) AV Node 4) Ventricle
x x x x x x x x x x x x x x	x x x x x x x x x x x x x x			Identifying The Basic Rhythm a. Sinus Rhythms b. Junctional Rhythms c. Supraventricular Rhythms d. Ventricular Rhythms e. Premature Complexes f. Atrial Flutter g. Atrial Fibrillation h. Ventricular Fibrillation i. Asystole j. Escape Rhythms k. AV Blocks l. Bundle Branch Blocks m. Pacemakers and Implanted Defibrillators
x	x			Critical Rhythms
x	x			Treatment of the Acute MI Patent

15. Pediatric Emergencies:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Emergency Medical Services For Children
				Psychosocial Aspects of Pediatric Care a. Developmental Stages 1) Infants 2) Toddlers 3) Pre-School Age 4) School-age 5) Adolescents
				Approach To The Patient a. Confidence and Calmness b. Honesty c. Consistency d. Respect For Patient Dignity
				Medical Assessment a. History b. Physical Exam 1) Respiratory System 2) Cardiovascular Assessment 3) Central Nervous System Assessment
				Trauma Assessment
				Pathophysiology, Assessment, Treatment, and Reassessment of the following Pediatric Emergencies: a. Seizures b. Status Epilepticus c. Dehydration d. Reye Syndrome e. Poliomyelitis f. Asthma g. Bronchitis h. Epiglottis i. Croup
				Handling of the following Special Situations a. Sudden Infant Death Syndrome b. Child Abuse and Neglect c. Pediatric Resuscitation

16. Neonatal Emergencies:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				General pathophysiology, assessment and management a. Epidemiology 1) Incidence 2) Morbidity/Mortality 3) Risk Factors
				Pathophysiology a. Transition from fetal to neonatal circulation b. Apnea in newborns c. Congenital Anomalies 1) Diaphragmatic hernia 2) Choanal atresia 3) Pierre Robin Syndrome 4) Cleft lip 5) Exposed abdominal contents
				Assessment a. Time of delivery b. Normal / Abnormal vital signs c. Airway and ventilation 1) Respiratory rate 2) Respiratory effort d. Circulation 1) Heart rate 2) Color / cyanosis a. Normal b. Central versus peripheral c. Mucosal membranes 3) End organ perfusion e. APGAR 1) Appearance 2) Pulse rate 3) Grimace 4) Activity 5) Respiratory
x (a) x x x x	x (a) x x x x			Treatment a. Pharmacological 1) Bradycardia 2) Low blood volume 3) Respiration depression secondary to narcotics 4) Metabolic acidosis b. Non-pharmacological 1) Temperature control 2) Positioning c. Transport consideration d. Psychological support and communication strategies

16. Neonatal Emergencies (continued)

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

				Specific situations a. Meconium stained amniotic fluid b. Apnea in the neonate c. Diaphragmatic hernia d. Bradycardia e. Premature infants f. Respiratory distress g. Seizures h. Fever i. Hypothermia j. Hypoglycemia k. Vomiting / Diarrhea

17. Central Nervous System:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Anatomy and Physiology of the Central Nervous System
				Neurological Pathophysiology
				Assessment of The Nervous System a. History 1) Acute or chronic 2) General health 3) Previous medical conditions 4) Medications 5) Experience with complaint 6) Time of onset 7) Seizure activity 8) Headache b. Physical Exam 1) Neurological event c. Management 1) Airway and ventilatory support 2) Circulatory support 3) Non-pharmacological interventions 4) Pharmacological interventions 5) Psychological support 6) Transport considerations
				Pathophysiology, Patient Assessment, and Management of Specific Disorders a. Coma b. Seizure c. Cerebrovascular Accident (Stroke) d. Transient Ischemic Attacks e. Syncope f. Headache g. Neoplasms h. Dengenerative neurological diseases 1) Muscular dystrophy 2) Multiple sclerosis 3) Dystonia 4) Parkinson's disease 5) Bell's palsy 6) Polio 7) Spina bifida

18. Injuries to the Nervous System:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Describe the incidence, morbidity, and mortality of spinal injuries.
				Describe the anatomy and physiology of spinal structures and structures related to the spine including: a. cervical spine b. thoracic spine c. lumbar spine d. sacrum e. coccyx f. spinal cord g. nerve tracts h. dermatomes
				Predict spinal injuries based on mechanism of injury.
				Describe the pathophysiology of spinal injuries related to: a. Spinal shock b. Neurogenic shock c. Quadriplegia/paraplegia d. Incomplete and complete cord injury e. Cord syndromes: 1) Central cord syndrome 2) Anterior cord syndrome 3) Brown-Sequard's syndrome
				Describe the assessment findings associated with and management for traumatic spinal injuries. a. Babinski's sign b. Paralysis c. Bradycardia d. Deformity e. Pain
				Describe proper spinal alignment
				Describe proper helmet removal

19. Obstetrics:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

LEVEL OF CERTIFICATION				
MR	EMT	I	P	**OBJECTIVE**
				Anatomy and Physiology of Pregnancy a. Pathophysiology b. Complications of Pregnancy c. Complications of Labor and Delivery
				Patient Assessment a. History b. Physical Exam
				Key Conditions and Findings a. Threatened or Spontaneous Abortion b. Ectopic Pregnancy c. Abruptio Placenta d. Placenta Previa e. Premature Labor f. Preeclampsia g. Hyperemesis Gravidarum h. Prolapsed Cord i. Uterine Rupture j. Postpartum Hemorrhage k. Postpartum Infection
				Management of the Pregnant Patient a. Labor and Delivery b. Newborn Care 1) APGAR Scoring

20. Gynecological Problems:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Review the anatomic structures and physiology of the female reproductive system
				Identify the normal events of the menstrual cycle
				Describe how to assess a patient with a gynecological complaint
				Explain how to recognize a gynecological emergency
				Describe the general care for any patient experiencing a gynecological emergency
				Describe the pathophysiology, assessment, and management of the following gynecological emergencies. a. Pelvic inflammatory disease b. Ruptured ovarian cyst c. Cystitis d. Mittelschmertz e. Endometritis f. Endometriosis g. Ectopic pregnancy h. Vaginal hemorrhage
				Describe the assessment, care and emotional support of the Sexual assault patient

21. Geriatric Emergencies:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Society's view of aging and the social, financial, and ethical issues facing the elderly
				Resources available to assist the elderly
				Emotional and psychological reactions to aging, including causes and manifestations
				Pathophysiology of multi-system failure in the elderly
				Aging and The Human Body a. Endocrine, Gastrointestinal, and Metabolic Systems b. Senses c. Respiratory System d. Cardiovascular System e. Renal System f. Central Nervous System g. Musculoskeletal System
				Assessing the Elderly Patient a. Physical Examination
				Trauma, Medical and Psychiatric Disorders a. Trauma b. Respiratory Disorders c. Cardiovascular Disorders d. Gastrointestinal Disorders e. Neurological Disorders f. Psychiatric Disorders
x	x			Use of Pharmacological Agents
				Environmental Emergencies
				Elderly Abuse and Neglect

22. Behavioral/Psychotic Disorders/Violent Patients:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Pathophysiology of Behavioral Emergencies a. Disorders 1) Anxiety 2) Psychosis 3) Transient Personality Disorders
				Patient Assessment a. Initial Approach b. Mental Status Examination
				Patent Management a. Crisis Intervention b. Psychotic Patients c. Suicidal Patient's d. Psychological Component of Illness and Injury e. Multi-casualty Incidents and Disasters
				Medical legal considerations for management of the emotionally disturbed patient
				Overt behaviors associated with behavioral and psychiatric Disorders a. Affect b. Anger c. Anxiety d. Confusion e. Depression f. Fear g. Mental Status h. Open ended questions
				Restraint methods in managing the emotionally disturbed patient

23. Environmental Emergencies:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Envenomations-Bites and Stings a. Pathophysiology b. Patient Assessment 1) History 2) Physical Examination c. Management
				Heat Illness a. Temperature Regulation In The Body b. Factors Associated with Heat Illness 1) High Risk Groups 2) Acclimatization 3) Pathophysiology 4) Blood Chemistry c. Patient Assessment 1) History 2) Physical Examination 3) Management 1. Heat Cramps 2. Heat Exhaustion
				Lightening Injuries a. Pathophysiology b. Patient Assessment 1) History 2) Physical Examination 3) Management
				Hypothermia and Frostbite a. Pathophysiology 1) Heat Production and Loss 2) Systemic Hypothermia 3) Localized Hypothermia b. Patient Assessment 1) History 2) Physical Examination c. Management
				Aquatic Emergencies a. Pathophysiology of Drowning and Near Drowning b. Diving Accidents c. Patient Assessment 1) History 2) Physical Examination 3) Management
				Anaphylaxis a. Antigen-Antibody Reaction b. Allergic Response c. Anaphylaxis 1) Pathophysiology 2) Patient Assessment 3) Emergency Care 4) History 5) Physical Exam 6) Pharmacological Therapy

24. Shock Management:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Anatomy, physiology, and pathophysiology of the cardiovascular system as they apply to shock
				Stages of Shock a. Compensated or nonprogressive b. Decompensated or progressive c. Irreversible
				Etiologic classifications: a. Hypovolemic b. Distributive (vasogenic) c. Cardiogenic d. Spinal neurogenic e. Spinal
				Assessment a. Early or compensated 1. Tachycardia 2. Pale, cool skin 3. Diaphoresis 4. Level of Consciousness 5. Blood pressure maintained 6. Narrow pulse pressure 7. Positive orthostatic tilt test 8. Dry mucosa 9. Weakness 10. Complaints of thirst 11. Possible delay of capillary refill b. Late or progressive 1. Extreme tachycardia 2. Extreme pale, cool skin 3. Diaphoresis 4. Significant decrease in level of consciousness 5. Hypotension 6. Dry mucosa 7. Nausea 8. Cyanosis with white waxy looking skin
				Management/Treatment a. Airway and ventilatory b. Circulatory support c. Pneumatic anti-shock garment d. Psychological support e. Transport considerations

25. General Pharmacology, Part II:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Discussion of the Classification, Names, Therapeutic Actions, Mechanism, Indications, Contraindications, Adverse Reactions, Drug Interactions, Dosage, packaging and demonstration of the administration of the following medications used or monitored in the Brunswick County EMS System:
x (a)	x (a)			a. Activated Charcoal
x (b)	x (b)			b. Adenosine
x (c)	x (c)			c. Albuterol
x (d)	x (d)			d. Aspirin
x (e)	x (e)			e. Atropine Sulfate
x (f)	x (f)			f. Bretylium Tosylate
x (g)	x (g)			g. Calcium Chloride
x (h)	x (h)			h. Dextrose
x (i)	x (i)			i. Diazepam
x (j)	x (j)			j. Diphenhydramine
x (k)	x (k)			k. Dopamine
x (l)	x (l)			l. Epinephrine
x (m)	x (m)			m. Flumazenil
x (n)	x (n)			n. Furosemide
x (o)	x (o)			o. Glucagon
x (p)	x (p)			p. Lidocaine
x (q)	x (q)			q. Magnesium Sulfate
x (r)	x (r)			r. Morphine Sulfate
x (s)	x (s)			s. Naloxone
				t. Nitroglycerin
x (v)	x (v)			u. Oxygen
x (w)	x (w)			v. Sodium Bicarbonate
x (x)	x (x)			w. Terbutaline
x (y)	x (y)			x. Thiamine
x (z)	x (z)			y. Tissue Plasminogen Activator
				z. Verapamil
				Discussion of the indications and contraindications and demonstration of the preparation for and the administration of the following IV fluids:
x (a)	x (a)			a. Normal Saline
x (b)	x (b)			b. Lactated Ringers
x (c)	x (c)			c. Dextrose 5% in Water

26. Toxicology/Alcohol/Drug Abuse:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Pathohysiology and Etiology of Toxicological Emergencies
				Patient Assessment a. History b. Physical Examination c. Management
				Pathohysiology and Etiology of Overdose Emergencies
				Patient Assessment a. History b. Physical Examination c. Management of Common Drugs 1) Salicytes 2) Acetaminophen 3) Carbon Monoxide 4) Cyanide 5) Hydrocarbons 6) Caustics 7) Iron Pills 8) Theophylline Preparations 9) Cocaine 10) Tricyclic Antidepressants 11) Drugs and Toxins With Delayed Effects
				Drugs of Abuse a. Cocaine 1) Physiology 2) Methods of Administration 3) Signs and Symptoms 4) Management of Intoxication and Overdose b. Amphetamines 1) Physiology 2) Methods of Administration 3) Signs and Symptoms 4) Management of Intoxication and Overdose c. Narcotics 1) Physiology 2) Methods of Administration 3) Signs and Symptoms 4) Management of Intoxication, Overdose and Withdrawal d. Barbiturates 1) Physiology 2) Methods of Administration 3) Signs and Symptoms 4) Management of Intoxication, Overdose and Withdrawal e. Methoqualone 1) Physiology 2) Methods of Administration 3) Signs and Symptoms 4) Management of Intoxication, Overdose, and Withdrawal f. Benzodiazepines 1) Physiology 2) Methods of Administration 3) Signs and Symptoms 4) Management of Intoxication, Overdose and Withdrawal

26. Toxicology/Alcohol/Drug Abuse (Cont):

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				g. Alcohol 1) Physiology 2) Methods of Administration 3) Signs and Symptoms Management of Intoxication, Overdose and Withdrawal
				h. Phencyclidine 1) Physiology 2) Methods of Administration 3) Signs and Symptoms Management of Intoxication and Overdose
				i. Lysergic Acid Diethylamide (LSD) 1) Physiology 2) Routes of Administration 3) Signs and Symptoms 4) Management
				j. Marijuana 1) Physiology 2) Methods of Administration 3) Signs and Symptoms 4) Management
				k. Inhalants 1) Physiology 2) Methods of Administration 3) Signs and Symptoms 4) Management

27. Thoracoabdominal Trauma Assessment/Management:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Incidence, Morbidity, and Mortality of thoracic injuries in the trauma patient
				Anatomy and physiology of the organs and structures related to thoracic injuries
				Thoracic injuries based on mechanism of injury
				Pathophysiology, assessment findings of, and the management and need for rapid intervention and transport of the patient with chest wall injuries, including: a. Rib fracture b. Flail segment c. Sternal fracture
				Pathophysiology, assessment findings with, and management and need for rapid intervention and transport of the patient with injury to the lung, including: a. Simple pneumothorax b. Open pneumothorax c. Tension pneumothorax d. Hemopneumothorax e. Hemothorax f. Pulmonary contusion
				Pathophysiology of, assessment findings with, and management and need for rapid intervention and transport of the patient with myocardial injuries, including: a. Myocardial contusion b. Pericardial tamponade c. Myocardial rupture
				Epidemiology, including morbidity and mortality, for patients with abdominal trauma as well as prevention strategies to avoid the injuries
				Anatomy and physiology of organs and structures related to abdominal injuries
				Predict abdominal injuries based on blunt and penetrating mechanisms of injury
				Describe open and closed abdominal injuries
				Pathophysiology of solid and hollow organ injuries, abdominal vascular injuries, pelvic fractures and other abdominal injuries
				Differentiate between abdominal injuries based on the assessment and history

28. Emergency Vehicle Operations:

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

MR	EMT	I	P	**OBJECTIVE**
				Phases of an Ambulance Call
				Dispatch
				Response a. Driving an Emergency Vehicle b. Motor Vehicle Laws c. Principles of Effective Operations d. Causes of Ambulance Accidents e. Parking at the Scene
				Arrival At The Scene
				Transferring The Patient To The Ambulance
				Enroute To The Medical Facility a. Communications With Medical Control
				Post-run Phase
				Define the need analysis for the necessity of an emergency vehicle operators course
				Identify the problems facing the operators of emergency vehicles
				Review the legal responsibilities of the emergency vehicle operator
				Express the importance of a preventative vehicle maintenance record program
				Review the necessity for standard operating procedures
				Examine the state and local laws dealing with the operation of an emergency vehicle
				Provide the opportunity to perform “hands on” operation through a designated driving course.

29. Oxygen Administration: *(For First Responder Level II and Level III)*

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

OBJECTIVE
Discussion and identification of various oxygen-delivery devices
a. Explain the basis for oxygen administration
b. Describe and demonstrate use of the following airway adjuncts: • oropharyngeal airway (OP) • nasopharyngeal airway (NP)
b. Describe and demonstrate use of the following delivery devices: 1) simple face mask 2) partial rebreather mask 3) non-rebreather mask 4) nasal cannula 5) pocket mask 6) bag-valve-mask 7) demand valve resuscitator 8) automatic transport ventilator
c. Describe the flow rates and oxygen percentages of each device
g. Demonstrate the ability to set up an oxygen cylinder, administer oxygen, and terminate oxygen delivery
e. Indications, advantages and disadvantages of each device.
Demonstration of the assembly and use of the Bag-Valve-Device

30. First Aid: *(For First Responder Level II and Level III)*

At the completion of this section the EMS Professional will have the basic knowledge and skills necessary to understand the following objectives:

OBJECTIVE
Discuss the appropriate assessment, treatment, and documentation of the following: 1. Soft tissue injuries a) Describe the different types of soft tissue injuries and the treatment for each. b) Describe soft tissue injuries as they relate to the different body systems. 2. Shock and Bleeding recognition and treatment 3. Burns (Chemical, Thermal, Electrical) 4. Musculoskeletal Injuries (Splinting). 5. Spinal Immobilization Procedures. 6. Environmental Emergencies. 7. Special Considerations for Infants and Children. 8. Poisoning and Overdose.

Section 4

Skill Evaluation Check Sheets
Advanced Life Support

Practical Skills Stations

Section 5

Continuing Education Program

Records

Brunswick County Emergency Services System

MEDICAL PERSONNEL CONTINUING EDUCATION RECORD

PAGE 1

NAME:					DATE:
MAILING ADDRESS:					
CITY:		STATE:		ZIP:	
HOME PHONE:		PAGER:		CELLULAR PHONE:	
DATE OF BIRTH:			SOCIAL SECURITY NUMBER:		
CURRENT LEVEL OF CERT.	MR	EMT-B	EMT-D	EMT-I	EMT-P
CERTIFICATION EXPIRATION DATE					
Primary Provider					
Secondary Provider					
IN CASE OF AN EMERGENCY NOTIFY:			RELATIONSHIP:		
ADDRESS:					
HOME PHONE:			WORK PHONE:		
PLEASE LIST ANY SPECIAL NEEDS REQUIRED TO PERFORM YOUR DUTIES:					

This will verify that the above named individual is affiliated on a continuous basis with the above named ambulance provider / first responder / EMD organization.

_____ _____

Date Signature of Ranking Officer

_____

Printed or Typed Name/Title Ranking Officer

Brunswick County Emergency Services System

MEDICAL PERSONNEL CONTINUING EDUCATION RECORD

PAGE 2

Date	Topic	Instructor	Mandatory Hours	Optional Hours

Brunswick County Emergency Services System

MEDICAL PERSONNEL CONTINUING EDUCATION RECORD

PAGE 3

Topics	Hours Yr 1	Hours Yr 2	Hours Yr 3	Hours Yr 4
Preparatory: Suggested topics include: EMS Systems/The Roles and Responsibilities of the EMT/Paramedic, The Well-Being of the EMT/Paramedic, Illness and Injury Prevention, Medical / Legal Issues, Ethics, General Principles of Pathophysiology, Pharmacology, Venous Access and Medication Administration, Therapeutic Communications, Life Span Development				
Airway Management and Ventilation: Suggested Topics Include: Airway Management and Ventilation				
Patient Assessment: Suggested topics include: History Taking, Techniques of Physical Examination, Patient Assessment, Clinical Decision Making, Communications, Documentation				
TRAUMA: Suggested topics include: Trauma Systems/Mechanism of Injury, Hemorrhage and Shock, Soft Tissue Trauma, Burns, Head and Facial Trauma, Spinal Trauma, Thoracic Trauma, Abdominal Trauma, Musculoskeletal Trauma				
MEDICAL: Suggested topics include: Pulmonary, Cardiology, Neurology, Endocrinology, Allergies and Anaphylaxis, Gastroenterology, Renal/Urology, Toxicology, Hematology, Environmental Conditions, Infectious and Communicable Diseases, Behavioral and Psychiatric Disorders, Gynecology, Obstetrics				
SPECIAL CONSIDERATIONS: Suggested topics include: Neonatology, Pediatrics, Geriatrics, Abuse and Assault, Patients with Special Challenges, Acute Interventions for the Chronic Care Patient				
OPERATIONS: Suggested topics include: Ambulance Operations, Medical Incident Command, Rescue Awareness and Operations, Hazardous Materials Incidents, Crime Scene Awareness				
TOTALS				

The Brunswick County Emergency Services Training Coordinator or Medical Director may deny, suspend, or revoke the practicing privileges, within Brunswick County, of any provider for making false statements or representations to the Training Coordinator or Medical Director, or willfully concealing material or information in connection with an application for credentialing/certification or recredentialing /recertification.

Brunswick County Emergency Services System

MEDICAL PERSONNEL CONTINUING EDUCATION RECORD

PAGE 4

Other Allowable Continuing Education Topics	Hours Yr 1	Hours Yr 2	Hours Yr 3	Hours Yr 4
AHA / ARC Basic Cardiac Life Support (CPR)				
Advanced Cardiac Life Support or Equivalent				
Pediatric Advanced Life Support or Equivalent				
Pediatric Education for Prehospital Professionals				
Advanced BTLS / PHTLS or Equivalent				
EMS for Children				
Incident Command Systems				
Clinical Education				
Other, Please List:				
Other, Please List:				
Other, Please List:				
BLS Practical Skills - Evaluation	**Hours Yr 1**	**Hours Yr 2**	**Hours Yr 3**	**Hours Yr 4**
#1 Patient Assessment				
#2 Vital Signs				
#3 Airway Management / O2 Therapy				
#4A Adult, Child, Infant CPR				
#4B Adult, Child, Infant Foreign Body Airway Obstruction				
#5 Traction and rigid splinting / Spinal injury management				
# 6 Hemorrhage Control				
# 7 Automated External Defibrillator (AED)				
# 8 Blind Insertion Airway Device (BIAD)				
# 9 Epinephrine Auto Injector				
ALS Practical Skills - Evaluation	**Hours Yr 1**	**Hours Yr 2**	**Hours Yr 3**	**Hours Yr 4**
#10 Electrical Therapy				
#11 Endotrachel Intubation				
#12 Vascular Access/Venipuncture				
#13 Medication Administration				
#14 Pediatric Intraosseous Infusion				
#15 Pediatric Ventilatory Management				
TOTALS				

I verify that this applicant has successfully completed all educational requirements for the above approved advancedlife support continuing education / recertification program consistent with the certification level of the applicant. I also verify that documentation verifying this education program has been maintained on file for review.

_____ _____ _____

Date Signature Course Coordinator / Training Officer Instructor Number

_____ _____

Total Con-Ed Hours Printed or Typed Name/Title Course Coordinator / Training Officer

Please attach a current copy of certification cards to document the courses and dates listed above. Copies must be attached to validate the information listed.

Transcript Release Form

Date form submitted: ____/____/20____ Submitted By: _____

To Whom It May Concern:

I hereby give Brunswick Community College permission to release a transcript of my Continuing Education Record to **Brunswick County Emergency Medical Services** who desires such information concerning my future education, training, or employment.

Printed Name	SSN	Date	Signature

Appendix A

Policies and Procedures

Suspension of Privileges

Approved By:	Emergency Services Director	Division:	Emergency Medical Services
Title:	Suspension of Privileges	Date Issued:	05/01/03
SOG #:	2.9	Effective Date:	05/01/03
Revised:	9/05		
Reference:			

PURPOSE:

To establish a policy for suspension of privileges

SCOPE:

This policy applies to all employees for safe and competent medical care

RESPONSIBILITY:

EMS Division Director
EMS Training Coordinator
Medical Director

POLICY/PROCEDURE:

1. The Medical Director, the Associate Medical Director, or EMS Administration may temporarily suspend an EMS provider's privileges if the EMS provider's activities or medical care rendered may have been detrimental to the patient or constitutes unprofessional behavior or results in non-compliance with credentialing requirements.

2. Privileges may temporarily be suspended for a period of not longer than 48 hours, pending an investigation

3. The EMS Training Coordinator and the EMS Division Head must both be aware of the suspension immediately. The EMS Training Coordinator will make contact with the Medical Director during the hours of 0800-1700 on the following day if the time of suspension occurs after the given hours.

4. The On duty Operations Supervisor will complete an investigation to include:
    a. Specifics of performance problem
    b. Statements from provider witnesses, etc.

5. The Investigating supervisor will present the investigation to the EMS Training Coordinator within 24 Hours. The EMS Division Head will be made aware of the investigation.

6. The EMS Training Coordinator is responsible for reviewing the facts with the Medical Director and making a determination of the next steps, with consultation with the EMS Division Head.

7. The next steps may include:
    a. No further action needed
    b. Remedial education
    c. Reviewing of performance for specific time period
    d. Permanent suspension of privileges
    e. Demotion
    f. Transfer

8. Any EMS employee, who is found to be deficient in his/her skill performance that was detrimental to patient outcome, will have their ALS privileges suspended until adequate remediation can be performed.

9. Once ALS personnel have been revoked of their ALS privileges, the EMS Division Head will complete an employee action form and the employees pay rate will reflect the certification level at which they are functioning. This will remain in effect until which time adequate remediation has been completed and the EMS Medical Director has reinstated ALS privileges.

Certification Requirements

Approved By:	Emergency Services Director	Division:	Emergency Medical Services
Title:		Date Issued:	8/01/05
SOG #:		Effective Date:	8/01/05
Reference:			

PURPOSE:

To assure all BCEMS employees maintain current in the required certification levels.

SCOPE:

This policy applies to all EMS employees

RESPONSIBILITY:

EMS Division Director
EMS Training Coordinator

POLICY/PROCEDURE:

1. BCEMS employees are responsible for maintaining current state certification. Failure to maintain state certification will result in suspension and/or dismissal.

2. All personnel are required to attend continuing medical education as specified by State Administrative rules and our State approved ALS continuing education plan. BCEMS requires a minimum of 36 hours per year. Continuing education training sessions will be conducted or coordinated by the EMS Training Coordinator.

3. The EMS Training Coordinator is responsible for monitoring and verifying the certification status of all EMS personnel. The EMS Training Coordinator is also responsible for tracking the continuing education status of all EMS personnel. The EMS Training Coordinator will conduct monthly reports listing any pending expiration dates of certifications held by EMS personnel and notify the individual(s) at least 60 days in advance of the expiration date. Recertification for state certification testing will be conducted at least 30 days prior to expiration of certification.

4. BCEMS will provide, or facilitate, continuing education training for EMS personnel, including BCLS, ACLS, BTLS, and PALS. It is the responsibility of individual EMS personnel to attend these courses and obtain the hours required to maintain their current certification levels in the specified disciplines.

5. All EMS personnel (Full Time, and part time) at BCEMS are required to complete and maintain (at their designated level) North Carolina State Emergency Medical Technician (EMT, EMT-I, or EMT-P) certification, BCLS, and BTLS.

6. All EMS personnel (Full Time, Part Time) certified as Intermediate or Paramedic level are required to complete and maintain there current North Carolina certification, plus BCLS, ACLS, BTLS, and PALS.

7. Successful completion of ACLS, PALS, and BTLS will earn 16 hours of continuing education credit and will be accepted in lieu of selected mandatory topics.

8. Failure to maintain valid certification in these disciplines will result in immediate loss of ALS privileges until recertification is achieved. Failure to recertify in an expired discipline after 60 days will result in disciplinary action up to suspension from duty, or dismissal.

9. BCEMS will schedule courses to facilitate the maintenance of current certification of these disciplines. It is strongly recommended that EMS personnel attend these courses when offered by BCEMS in order to avoid expiration of certifications. Individuals holding current certifications in any of these disciplines where the expiration date is significantly different from the BCEMS recertification schedule should contact and/or meet with the EMS Training Coordinator for guidance at least 60 days in advance of any pending expiration in certification to determine an action plan for recertification.

10. Continuing Medical Education units (CME) earned from outside sources or outside training classes completed may be counted toward continuing education hours with prior authorization from the EMS Training Coordinator and verification of successful completion of the class or course. A verification form must be obtained from the EMS Training Coordinator to be completed by the instructor providing the training. EMS personnel are responsible for providing copies of certificates of completion and/or valid certification cards to the EMS Training Coordinator for inclusion in their training record.

11. BCEMS employees will not be compensated for continuing medical training outside that provided by BCEMS without prior approval from the EMS Division Head.

12. BCEMS employees are required to attend any continuing education training class specified as "mandatory" training for Brunswick County EMS. Mandatory training defined by BCEMS cannot be obtained from outside educational sources. Employees who fail to attend mandatory training will be subject to disciplinary action.

13. BCEMS employees are expected to attend continuing education training classes on non-duty time to maximize uninterrupted continuing education participation. Employees are compensated for non-duty BCEMS continuing education training attendance.

Recertification Process

Approved By:	Emergency Services Director	Division:	Emergency Medical Services
Title:		Date Issued:	8/01/05
SOG #:		Effective Date:	8/01/05
Reference:			

Purpose

To provide a recertification process that will meet the NCOEMS standards. To allow providers to be evaluated on certain topics throughout the certification period, versus the taking one large test every four years.

Scope

All Brunswick County Emergency Medical Services System ALS responders.

Plan

The new process will allow employees to receive con ed and be tested on the material received on a quarterly basis. There will be a total of 16 exams given throughout the four year certification process. The exams will be generated from the con ed received in the previous quarter and from any of the departmental patient care protocols relating to the topics. Each student will be given lecture notes from the presenting instructor for their own records and as a reference for the upcoming exams.

If any provider misses a con ed session it is his or her responsibility to contact the EMS Training Coordinator within 3 business days to receive the lecture notes from that session. If any provider misses a con ed session in which a quarterly exam was given, it is his or her responsibility to contact the EMS Training Coordinator within 3 business days to schedule a makeup exam date.

Each employee must maintain an 80% average at the end of the four year certification period. As long as the 80% average has been maintained and all con ed requirements are met to include the scope of practice exam, paperwork will be submitted to the NCOEMS office verifying that the employee has met all credentialing requirements per Brunswick County EMS and the NCOEMS office to be recertified at the current certification level.

Employee's current exam score along with the average score will be posted outside of the EMS training Coordinator's office for reviewing. The scores will be linked to the last four digits of the employee's social security number.

At any point an employee's average test score drops below the 80 percentile, a letter of concern will be generated by the EMS Training Coordinator and addressed to the individual employee. Remediation will be offered to the employee by the EMS Training Department.

If remediation is required for an employee during the four year testing cycle, it will be explained what is needed to achieve the 80% average at the end of the certification period.

If any employee at the end of the four-year certification period does not have an 80% average on the quarterly exams, a 150 question written exam will be given. The written exam will be open to questions from con ed training, protocols, and any other related Paramedic material. The EMS Medical Director must approve the written exam.

If the employee is involved in the delivery of the con ed training they will still be responsible for the information given in the session they delivered. The EMS Training Coordinator will generate the exams.

Should an employee's certification expire before the four-year cycle of the quarterly testing program, that employee will be responsible for taking a modified written exam (only a percentage of the current recertification exam). The average of the quarterly tests will be averaged with the final score of the final written exam and must meet the 80 percentile.

Ex:	quarterly test average	78
	Final exam score	84
	Average	**81**

Each employee must have successfully completed a scope of practice evaluation within one year prior to his or her expiration date

Once the NCOEMS office has recertified an employee, the four-year quarterly testing cycle will start over, and the same criteria as above must be met.

Re-certification Process for non ALS providers ***[2601(a)(15)b]***

It shall be the individual BLS health care provider's responsibility to initiate the recertification process. ***Six months*** prior to the expiration of current certification, the health care provider is to contact their departmental Training Officer and advise them of their upcoming certification expiration. The departmental Training Officer is then responsible for verifying and ensuring accurate and adequate documentation of the continuing education records and then submitted the completed records, ***within three (3) months of expiration***, as follows:

Medical Responder, and EMT-Basic, Recredentialing/Recertification- To be submitted to the Continuing Education Coordinator for Brunswick Community College.

There will be three (3) options for BLS recertification within the Brunswick County Emergency Medical System. These options are as follows:

OPTION I: The health care provider that meets **all** Continuing Education requirements, to include all Educational Topics with the required hours, all Specialty Courses, and Skills Evaluations. Health care providers meeting the requirements of **OPTION I** will not be required to take a written examination for recredentialing/recertification.

OPTION II: The health care provider that fails to meet **all** Continuing Education requirements, to include, all Educational Topics with the required hours, all Specialty Courses, and Skills Evaluations.
These health care providers will be required to have the following minimum of hours in a two (2) year cycle:

- First Responder Level I:
    - Healthcare Provider BCLS annually
    - AED Program annually,
- First Responder Level II:
    - Healthcare Provider BCLS annually
    - AED Program annually
    - Brunswick County Oxygen Administration Program annually,
- First Responder Level III:
    - Healthcare Provider BCLS annually
    - AED Program annually
    - Brunswick County Oxygen Administration Program annually
    - Brunswick County First Aid Refresher Annually

- Medical Responder (MR)
    - 48 hours of continuing education every two years
- Emergency Medical Technician
    - 52 Hours of continuing education every two years
- EMT-Intermediate
    - 68 Hours of continuing education every two years
- EMT Paramedic
    - 72 Hours of continuing education every two years.

(**NOTE**: the guidelines for the Brunswick County Oxygen Administration Program and First Aid Program are referenced in this document under **SECTION 2**, Item Numbers 29 and 30 respectively.)

OPTION III: The health care providers that fail to meet **OPTION I** or **OPTION II**. This Option would include health care providers failing to have the minimum amount of Continuing Education hours and topics. Health care providers in this category will have their provider privileges suspended until adequate Continuing Education hours and topics are met in addition to verification of competency in regards to their skill level. Health care providers in this category will be deferred to the Brunswick County Emergency Services System Training Coordinator and then to the Quality Assurance Committee and local Medical Director.

Occasionally, a refresher class will be offered at Brunswick Community College. It would not be wise to depend on this as your only continuing education. Upon completion of all didactic and practical requirements of the program, the approved written examination, if applicable, will be scheduled and administered by the Brunswick County Emergency Services System Training Coordinator. Upon successful completion of the local requirements, the health care provider's application for recredentialing/recertification will be submitted to the North Carolina Office of EMS. Copies of this application will remain in the health care provider's file.

Start Time_____ Brunswick County Date_____/_____/_____

Stop Time _____ Emergency Medical Services Name_____

CARDIAC ARREST MANAGEMENT/DYNAMIC CARDIOLOGY MEGACODE

Scenario-Based (see instructions)	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Checks level of responsiveness	1	
Checks airway, breathing, and circulation	1	
Initiates CPR if appropriate	1	
Performs “Quick-Look” with paddles or applies pads	1	
Correctly interprets rhythm(s)	1	
Appropriately manages initial rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse, and if appropriate, blood pressure	1	
Correctly interprets second rhythm	1	
Appropriately manages second rhythm	2	
Notes changes in rhythm	1	
Checks patient condition to include pulse, and if appropriate, blood pressure	1	
Correctly interprets third rhythm	1	
Appropriately manages third rhythm	2	
Notes change in rhythm	1	
Checks patient condition to include pulse, and if appropriate, blood pressure	1	
Correctly interprets fourth rhythm	1	
Appropriately manages fourth rhythm	2	
Orders high percentage of supplemental oxygen at proper times	1	
Applies high concentration of oxygen to the patient	1	
Must score 19 or higher without any critical criteria checked. Total:	**25**	

CRITICAL CRITERIA

_____ Failure to deliver first shock in a timely manner due to operator delay in machine use or providing treatments other than CPR with simple adjuncts

_____ Failure to deliver second or third shocks without delay other than the time required to reassess and recharge paddles

_____ Failure to verify rhythm before delivering each shock

_____ Failure to assure safety of self and others (verbalizes “All Clear“ of patient before delivering each shock and observes)

_____ Inability to deliver DC shock (does not use defibrillator properly)

_____ Failure to demonstrate acceptable shock sequence

_____ Failure to order initiation or resumption of CPR when appropriate

_____ Failure to order correct management of airway (ET when appropriate)

_____ Failure to order administration of appropriate oxygen at proper time

_____ Failure to diagnose or treat 2 or more rhythms correctly

_____ Orders administration of an inappropriate drug or lethal dosage

_____ Failure to correctly diagnose or adequately treat v-fib, v-tach, or asystole

Comments:

_____

_____

_____

_____

Evaluator Signature _____

Evaluator Name Printed: _____

Modeled after the National Registry of EMT
8/05

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Cardiac Arrest Management-Static Cardiology

THERAPEUTIC MODALITIES

No points for treatment may be awarded if the diagnosis is incorrect. Only document incorrect responses in space provided.	**Possible Points**	**Points Awarded**
ECG Strip #1 Interpretation	1	
Treatment	2	
_____ _____ _____ _____ _____		
ECG Strip #2 Interpretation	1	
Treatment	2	
_____ _____ _____ _____		
ECG Strip #3 Interpretation	1	
Treatment	2	
_____ _____ _____ _____		
ECG Strip #4 Interpretation	1	
Treatment	2	
_____ _____ _____ _____		
Must score a 10 or more.	**Total Points Given:**	

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

CARDIAC ARREST MANAGEMENT-STATIC CARDIOLOGY (CONT)

Comments:

_____

_____

_____

_____

_____

_____

Evaluator Signature _____

Evaluator Name Printed:_____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

External Jugular Vein Cannulation

	Possible Points	Points Awarded
Checks selected IV fluid for: Proper fluid and clarity	2	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	2	
Cuts or tears tape (at any time before venipuncture	1	
Takes or verbalizes body substance isolation precautions (prior to venipuncture)	1	
Distends jugular vein	1	
Cleanses the puncture site	1	
Performs venipuncture	4	
- Inserts stylette		
- Notes or verbalizes flashback		
- Occludes vein proximal to catheter		
- Removes stylette		
Connects IV tubing to catheter	1	
Runs IV for a brief period to assure patient line	1	
Secures catheter (tapes securely)	1	
Adjusts flow rate as appropriate	1	
Disposes of needle in proper container	1	
Must score 16 or higher without any critical criteria checked. Total	**20**	

CRITICAL CRITERIA

_____ Exceeded the 6 minute time limit in establishing a patent and properly adjusted IV
_____ Failure to take or verbalize body substance isolation precautions prior to performing venipuncture
_____ Contaminates equipment or site without appropriately correcting situation
_____ Any improper technique resulting in the potential for catheter shear or air embolism
_____ Inserts catheter against flow of blood
_____ Failure to successfully establish IV within 3 attempts during 6 minute time limit
_____ Failure to dispose/verbalize disposal of needle in proper container

Comments:

Evaluator Signature: _____

Evaluator Name Printed: _____

Modeled after the National Registry of EMT
8/05

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Intraosseous Infusion

	Possible Points	Points Awarded
Checks selected IV fluid for: Proper fluid-clarity-expiration date	2	
Selects appropriate equipment to include:		
IO needle	1	
Syringe	1	
Saline	1	
Extension	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Prepares syringe and extension tubing	1	
Cuts or tears tape (at any time before IO puncture)	1	
Takes or verbalizes body substance isolation precautions (prior to IO puncture)	1	
Identifies proper anatomical site for IO puncture	1	
Cleanses site appropriately	1	
Performs IO puncture:		
- Stabilizes tibia	1	
- Inserts needle at appropriate angle	1	
- Advances needle with twisting motion until “pop” is felt	1	
- Unscrews cap and removes stylette from needle	1	
Attaches syringe and extension set to IO needle	1	
Slowly injects saline to assure proper placement of needle	1	
Connects administration set and adjusts flow rate as appropriate	1	
Secures needle with tape and supports with bulky dressing	1	
Disposes of needle in proper container	1	
Must score 18 or higher without any critical criteria checked. Total	**23**	

CRITICAL CRITERIA

_____ Failure to establish a patent and properly adjusted IO line within the 6 minute time limit
_____ Failure to take or verbalize body substance isolation precautions prior to performing IO puncture
_____ Contaminates equipment or site without appropriately correcting situation
_____ Any improper technique resulting in the potential for air embolism
_____ Failure to assure correct needle placement before attaching administration set
_____ Failure to successfully establish IO infusion within 2 attempts during 6 minute time limit
_____ Performing IO puncture in an unacceptable manner (improper puncture site, incorrect needle angle, etc.)
_____ Failure to dispose/verbalize disposal of needle in proper container

Comments:

_____

_____

_____

_____

Evaluator signature: _____

Evaluator name printed: _____

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8/05

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

IV Bolus Medication

Check here ☐ if provider did not establish a patent IV and do not evaluate these skills	Possible Points	Points Awarded
Asks patient for known allergies	2	
Selects correct medication	1	
Assures correct concentration of drug	1	
Assembles prefilled syringe correctly and dispels air	2	
Continues infection control precautions	1	
Cleanses injection site (Y-port or hub)	1	
Reaffirms medication	1	
Stops IV flow (pinches tubing)	1	
Administers correct does at proper push rate	1	
Adjusts drip rate to TKO (KVO)	1	
Voices proper disposal of syringe and needle	1	
Verbalizes need to observe patient for desired effect/adverse side effects	1	
Must score 11 or higher without any critical criteria selected. **Total**	**14**	

CRITICAL CRITERIA

_____ Failure to begin administration of medication within 3 minute time limit
_____ Contaminates equipment or site without appropriately correcting situation
_____ Failure to adequately dispel air resulting in potential for air embolism
_____ Injects improper drug or dosage (wrong drug, incorrect amount, or pushes at inappropriate rate)
_____ Failure to flush IV tubing after injecting medication
_____ Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container

Comments:
_____
_____
_____
_____

Evaluator Signature: _____

Evaluator Name Printed: _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Intravenous Piggyback Medications

	Possible Points	Points Awarded
Has confirmed allergies by now	2	
Checks selected IV fluid for: proper fluid and clarity	2	
Checks selected medication for: clarity and concentration of medication	1	
Injects correct amount of medication into IV solution given scenario	2	
Connects appropriate administration set to medication solution	1	
Prepares administration set to medication solution	1	
Attaches appropriate needle to administration set	1	
Continues infection control precautions	1	
Cleanses port of primary line	2	
Connects tubing to primary line without contamination	1	
Adjusts flow rate of secondary line as required	1	
Stops flow of primary line	1	
Securely tapes needle	1	
Verbalizes need to observe patient for desired effect/adverse side effects	1	
Labels medication/fluid bag	1	
Must score 15 or higher without any critical criteria checked. **Total**	**19**	

CRITICAL CRITERIA

_____ Failure to begin administration of medication within 5 minute time limit
_____ Contaminates equipment or site without appropriately correcting situation
_____ Administers improper drug or dosage (wrong drug, incorrect amount, or pushes at inappropriate rate)
_____ Failure to flush IV tubing of secondary line resulting in potential for air embolism
_____ Failure to shut-off flow of primary line

Comments:

_____

_____

_____

_____

_____

_____

Evaluator Signature: _____

Evaluator Name Printed: _____

Modeled after the National Registry of EMT
8/05

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Intravenous Therapy

	Possible Points	Points Awarded
Checks selected IV fluid for: Proper fluid and clarity	2	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set (fills drip chamber and flushes tubing)	1	
Cuts or tears tape (at any time before venipuncture	1	
Takes or verbalizes body substance isolation precautions (prior to venipuncture)	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
Performs venipuncture	5	
- Inserts stylette		
- Notes or verbalizes flashback		
- Occludes vein proximal to catheter		
- Removes stylette		
- Connects IV tubing to catheter		
Releases tourniquet	1	
Runs IV for a brief period to assure patient line	1	
Secures catheter (tapes securely)	1	
Adjusts flow rate as appropriate	1	
Disposes of needle in proper container	1	
Must score 15 or higher without any critical criteria checked. Total	**21**	

CRITICAL CRITERIA

_____ Exceeded the 6 minute time limit in establishing a patent and properly adjusted IV
_____ Failure to take or verbalize body substance isolation precautions prior to performing venipuncture
_____ Contaminates equipment or site without appropriately correcting situation
_____ Any improper technique resulting in the potential for catheter shear or air embolism
_____ Failure to successfully establish IV within 3 attempts during 6 minute time limit
_____ Failure to dispose/verbalize disposal of needle in proper container

Comments:

Evaluator Signature: _____

Evaluator Name Printed:_____

Modeled after the National Registry of EMT
8/05

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Nasogastric Tube Insertion

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions for situation	1	
Explains procedure to patient	1	
Measures and marks NG tube to proper length	1	
Positions patient in upright or semi-sitting position	1	
Lubricates distal 3-6" of tube	1	
Slightly flexes patient's head	1	
Inserts tube into widest nostril and advances straight back until tube is visible in oropharynx	1	
Instructs patient to repeatedly swallow or sip water while continuing to advance tube	1	
Inserts tube until mark reaches outer edge of nostril	1	
Injects 20-35 ml of air into tube while auscultating epigastrium to confirm proper placement	1	
Secures tube	1	
Must score 8 or higher without any critical criteria checked. Total	**11**	

CRITICAL CRITERIA

_____ Failure to take or verbalize body substance isolation precautions
_____ Failure to explain procedure to patient before attempting to place tube
_____ Failure to measure and mark NG tube to proper length prior to insertion
_____ Failure to verify proper placement by auscultation over the epigastrium
_____ Attempts to insert NG tube in a manner dangerous to patient

Comments:

Evaluator signature: _____

Evaluator name printed: _____

Modeled after the National Registry of EMT
8/05

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Patient Assessment-Medical

*Note: Areas noted by a "**" may be integrated within the sequence of initial assessment*		Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions		2	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of C-Spine		1	
INITIAL ASSESSMENT/RESUSCITATION			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway:	- Opens and assesses airway	1	
	- Inserts adjunct as indicated	1	
Breathing	- Assess breathing	1	
	- Assures adequate ventilation	1	
	- Initiates appropriate oxygen therapy	1	
	- Manages any injury which may compromise breathing/ventilation	1	
Circulation	- Checks pulse	1	
	- Assesses skin (either skin color, temperature or condition)	1	
	- Assesses for and controls major bleeding if present	1	
	- Initiates shock management	1	
Identifies priority patients/makes transport decision		2	
FOCUSED HISTORY AND PHYSICAL EXAM/RAPID ASSESSMENT			
History of Present Illness	- Onset - Severity- - Provocation - Time - Quality - Clarify Questions - Radiation	2	
Past Medical History	- Allergies Intake - Last Oral - Medications - Events leading to present illness - Past Pertinent Hx	2	
Performs focused physical examination (assess affected body part/system or, if indicated complete rapid assessment)		4	
- Cardiovascular - Integumentary			
- Pulmonary - GI/GU			
- Neurological - Reproductive			
- Musculoskeletal - Psycho-Social			
Vital Signs	- Pulse - Blood Pressure - Respiratory rate & Quality - AVPU	2	
Diagnostics		1	
States field impression of patient		1	
Verbalizes treatment plan for patient and calls for appropriate intervention(s)		1	
Transport decision re-evaluated		1	
ONGOING ASSESSMENT			
Repeats initial assessment		1	
Repeats vital signs		1	
Evaluates response to treatments		1	
Repeats focused assessment regarding patient complaint or injuries		1	
Must score 32 or higher without any critical criteria checked.	**Total**	**40**	

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

PATIENT ASSESSMENT-MEDICAL (CONT)

CRITICAL CRITERIA

_____ Failure to take or verbalize body substance isolation precautions
_____ Failure to determine scene safety
_____ Failure to voice and ultimately provide high concentration oxygen
_____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
_____ Failure to differentiate patient's need for immediate transportation vs. continued assessment and treatment at the scene
_____ Does other detailed or focused history or physical exam before assessing and treating threats to airway, breathing and circulation
_____ Failure to determine the patient' primary problem
_____ Orders a dangerous or inappropriate intervention

Comments:

Evaluator Signature: _____

Evaluator Name Printed: _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Patient Assessment - Trauma

Note: Areas noted by a "**" may be integrated within the sequence of initial assessment		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions for situation		1	
SCENE SIZE UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of C-Spine		1	
INITIAL ASSESSMENT/RESUSCITATION			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway:	- Opens and assesses airway	1	
	- Inserts adjunct as indicated	1	
Breathing	- Assess breathing	1	
	- Assures adequate ventilation	1	
	- Initiates appropriate oxygen therapy	1	
	- Manages any injury which may compromise breathing/ventilation	1	
Circulation	- Checks pulse	1	
	- Assesses skin (either skin color, temperature or condition)	1	
	- Assesses for and controls major bleeding if present	1	
	- Initiates shock management	1	
Identifies priority patients/makes transport decision		1	
Selects appropriate assessment		1	
Obtains, or directs assistant to obtain baseline vital signs		1	
Obtains SAMPLE history		1	
DETAILED PHYSICAL EXAMINATION			
Head	- Inspects mouth**, nose**, and assesses facial area	1	
	- Inspects and palpates scalp and ears	1	
	- Assesses eyes for PEARRL**	1	
Neck**	- Checks position of trachea	1	
	- Checks jugular veins	1	
	- Palpates cervical spine	1	
Chest**	- Inspects chest	1	
	- Palpates chest	1	
	- Auscultates chest	1	
Abdomen/ Pelvis	- Inspects and palpates abdomen Assesses Pelvis	2	
	- Verbalizes assessment of genitalia/perineum as needed	1	
Lower Extremities** - Inspects, palpates, and assesses motor, sensory, and circulation functions		2	
Upper extremities - Inspects, palpates, and assesses motor, sensory, and circulation functions		2	
Posterior Thorax, Lumbar, & Buttocks**	- Inspects and palpates posterior thorax	1	
	- Inspects and palpates lumbar and buttocks area	1	
Manages secondary injuries and wounds appropriately		1	
Ongoing assessment		1	
Must score 34 or above without any critical criteria marked.	**Total**	**43**	

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8/05

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Patient Assessment – Trauma (cont)

CRITICAL CRITERIA

_____ Failure to initiate or call for transport of the patient within 10 minutes
_____ Failure to take or verbalize body substance isolation precautions
_____ Failure to determine scene safety
_____ Failure to assess for and provide spinal protection when indicated
_____ Failure to voice and ultimately provide high concentration oxygen
_____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
_____ Failure to differentiate patient's need for immediate transportation vs. continued assessment and treatment at the scene
_____ Does other detailed or focused history or physical exam before assessing and treating threats to airway, breathing and circulation
_____ Orders a dangerous or inappropriate intervention

Comments:

_____

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Evaluator Signature _____

Evaluator Name Printed _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Pediatric (<2 yrs) Ventilation Management – (ET)

NOTE: If student elects to ventilate initially with BVM attached to reservoir and oxygen, full credit must be given for attempts denoted "**" so ling as first ventilation is delivered within initial assessment

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually (head-tilt, chin-lift)	1	
Elevated tongue, inserts simple adjunct (oropharyngeal or nasopharyngeal airway)	1	
NOTE: Examiner now informs student no gag reflex is present and patient accepts adjunct		
** Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
** Hyperventilates patient with room air	1	
NOTE: Examiner now informs student that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%		
Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator (12-15 L/min)	1	
Ventilates patient at a rate of 20/minute and assures adequate chest expansion	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical direction has ordered intubation. The examiner must now take over ventilation.		
Directs assistant to pre-oxygenate the patient	1	
Identifies/selects proper equipment for intubation	1	
Checks laryngoscope to assure operational with bulb tight	1	
NOTE: Examiner to remove OPA or NPA and moves out of the way when student is prepared to intubate		
Place patient in a neutral or sniffing position	1	
Inserts blade while displacing tongue and elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Directs ventilation of patient	1	
Confirms proper placement by auscultation over epigastrium and bilaterally over each lung	1	
NOTE: Examiner now asks student, "If you had proper placement what should you expect to hear?"		
Secures ET tube	1	
Must score 13 or higher without any critical criteria checked. Total	**16**	

CRITICAL CRITERIA

_____ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
_____ Failure to take or verbalize body substance isolation precautions
_____ Failure to voice and ultimately provide high concentration oxygen (at least 85%)
_____ Failure to ventilate patient at a rate of at least 20/minute
_____ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
_____ Failure to pre-oxygenate patient prior to intubation
_____ Failure to successfully intubate within 3 attempts
_____ Using gums as a fulcrum
_____ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
_____ Inserts any adjunct in a manner dangerous to the patient
_____ Attempts to use any equipment not appropriate for the pediatric patient

Comments:

Evaluator Signature: _____

Evaluator Name Printed: _____

Modeled after the National Registry of EMT
8/05

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Ventilation Management – (ET)

NOTE: If student elects to ventilate initially with BVM attached to reservoir and oxygen, full credit must be given for attempts denoted "**" so ling as first ventilation is delivered within initial assessment

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	1	
Elevated tongue, inserts simple adjunct (oropharyngeal or nasopharyngeal airway)	1	
NOTE: Examiner now informs student no gag reflex is present and patient accepts adjunct		
** Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
** Hyperventilates patient with room air	1	
NOTE: Examiner now informs student that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%		
Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator (12-15 L/min)	1	
Ventilates patient at a rate of 10-20/minute with volumes of at least 800 ml	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present, equal bilaterally and medical direction has ordered intubation. The examiner must now take over ventilation.		
Directs assistant to hyperventilate patient	1	
Identifies/selects proper equipment for intubation	1	
Checks equipment for – Cuff leaks and Laryngoscope operational with bulb tight	2	
NOTE: Examiner to remove OPA or NPA and moves out of the way when student is prepared to intubate		
Positions head properly	1	
Inserts blade while displacing tongue and elevates mandible with laryngoscope	1	
Introduces ET tube and advances to proper depth	1	
Inflates cuff to proper pressure and disconnects syringe	1	
Directs ventilation of patient and confirms proper placement by auscultation over epigastrium and bilaterally over each lung	1	
NOTE: Examiner now asks student, "If you had proper placement what should you expect to hear?"		
Secures ET tube	1	
NOTE: Examiner now states, "Please demonstrate one additional method of verifying proper tube placement in this patient."		
Identifies/selects proper equipment	1	
Verbalize findings and interpretations (Compares indicator color to colormetric scales and states reading to examiner)	1	
NOTE: Examiner now states, "you see thick fluid in the tube and hear gurgling sounds with the patient's exhalation."		
Identifies/selects a flexible suction catheter	1	
Pre-oxygenates patient	1	
Marks maximum insertion length with thumb and forefinger	1	
Inserts catheter into the ET tube leaving catheter port open	1	
At proper insertion depth, covers catheter port and applies suction while withdrawing catheter	1	
Ventilates/directs ventilation of patient as catheter is flushed with sterile water	1	
Must score 20 or higher without any critical criteria checked. Total:	**25**	

CRITICAL CRITERIA

_____ Failure to initiate ventilations within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at any time
_____ Failure to take or verbalize body substance isolation precautions
_____ Failure to voice and ultimately provide high concentration oxygen (at least 85%)
_____ Failure to ventilate patient at a rate of at least 10/minute
_____ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
_____ Failure to pre-oxygenate patient prior to intubation and suctioning
_____ Failure to successfully intubate within 3 attempts
_____ Failure to disconnect syringe immediately after inflating cuff of ET tube
_____ Using teeth as a fulcrum
_____ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
_____ If used, stylet extends beyond end of the ET tube
_____ Inserts any adjunct in a manner dangerous to the patient
_____ Suctioning the patient for more than 15 seconds
_____ Does not suction the patient

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

VENTILATION MANAGEMENT – (ET) (CONT)

Comments:

_____

_____

_____

_____

_____

_____

Evaluator Signature: _____

Evaluator Name Printed:_____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Airway Adjuncts and Suction

OROPHARYNGEAL AIRWAY	**Possibls Points**	**Points Awarded**
Takes or verbalizes body substance isolation precautions	1	
Selects appropriate sized airway	1	
Measures airway	1	
Inserts airway without pushing the tongue posteriorly	2	
NOTE: The examiner must advise the student that the patient is gagging and becoming conscious		

SUCTION		
NOTE: The examiner must advise the candidate to suction the patient' airway		
Turns on/prepares suction device	1	
Assures presence mechanical suction	1	
Inserts the suction tip without suction	1	
Applies suction to the oropharynx/nasopharynx	1	

NASOPHARYNGEAL AIRWAY		
NOTE: The examiner must advise the candidate to insert a nasopharyngeal airway		
Selects appropriately sized airway	1	
Measures airway	1	
Verbalizes lubrication of the nasal airway	1	
Fully inserts the airway with the bevel facing toward the septum	1	
Must score 10 or higher without any critical criteria checked. Total	**13**	

CRITICAL CRITERIA

_____ Did not take, or verbalize, body substance isolation precautions
_____ Did not obtain a patent airway with the nasopharyngeal airway
_____ Did not demonstrate an acceptable suction technique
_____ Inserted any adjunct in a manner dangerous to the patient

Comments:

Evaluator Signature _____

Evaluator Name Printed: _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

BAG-VALVE-MASK APNEIC PATIENT

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	2	
Elevated tongue, inserts simple adjunct (oropharyngeal or nasopharyngeal airway)	1	
Selects appropriate sized mask	1	
Creates a proper mask-to-face seal	2	
Ventilates patient at no less than 800 ml volume	2	
NOTE: The examiner must witness for at least 30 seconds		
Connects reservoir and oxygen	1	
Adjusts flow liter flow to 15 liters/minute or greater	1	
NOTE: The examiner indicates arrival of a second EMT. The second EMT is instructed to ventilate the patient while the candidate controls the mask and the airway		
Voices re-opening the airway	1	
Creates a proper face-to-mask seal	1	
Instructs assistant to resume ventilation at proper volume per breath	1	
NOTE: The examiner must witness for at least 30 seconds		
Must score 11 or higher without any critical criteria checked. Total	**14**	

CRITICAL CRITERIA

_____ Failure to take or verbalize body substance isolation precautions
_____ Failure to voice and ultimately provide high concentration oxygen (at least 85%)
_____ Failure to immediately ventilate the patient at a rate of at least 10/minute
_____ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
_____ Did not provide high concentration oxygen
_____ Failure to successfully intubate within 3 attempts
_____ Failure to assure proper tube placement by auscultation bilaterally and over the epigastrium
_____ Inserts any adjunct in a manner dangerous to the patient

Comments:

Evaluator Signature _____

Evaluator Name Printed: _____

Modeled after the National Registry of EMT
8/05

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Bleeding Control/Shock Management

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
NOTE: The examiner must now inform the student that the wound continues to bleed		
Applies an additional dressing to the wound	1	
NOTE: The examiner must now inform the student that the wound still continues to bleed. The second dressing does not control the bleeding.		
Locates and applies pressure to appropriate arterial pressure point	1	
NOTE: The examiner must now inform the student that the bleeding is controlled		
Bandages the wound	1	
NOTE: The examiner must now inform the candidate the patient is now showing signs and symptoms indicative of hypoperfusion		
Properly positions the patient	1	
Applies high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates need for immediate transport	1	
Score of 8 or higher without any critical criteria checked. ***Total***	**10**	

CRITICAL CRITERIA

_____ Did not take, or verbalize, body substance isolation precautions
_____ Did not apply high concentration oxygen
_____ Applied a tourniquet before attempting other methods of bleeding control
_____ Did not control hemorrhage in a timely manner
_____ Did not indicate a need for immediate transportation

Comments:

Evaluator Signature: _____

Evaluator Name Printed: _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

CARDIAC ARREST MANAGEMENT/AED

ASSESSMENT	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Briefly questions about arrest events	1	
Directs to stop CPR	1	
Verifies absence of spontaneous pulse	2	
NOTE: Skill examiner states "no pulse"		
Directs resumption of CPR	2	
Turns on automated defibrillator	1	
Attaches automated defibrillator to the patient	1	
Directs rescuer to stop CPR and ensures all individuals are clear of the patient	2	
Initiates analysis of the rhythm	1	
Delivers shock (up to three successive shocks)	1	
Verifies absence of spontaneous pulse	1	
NOTE: Skill examiner states "no pulse"		
TRANSITION		
Directs resumption of CPR	2	
Gathers additional information about arrest event	1	
Confirms effectiveness of CPR (ventilations and compression)	1	
INTEGRATION		
Verbalizes or directs insertion of a simple airway adjunct (oral/nasal airway)	1	
Ventilates, or directs ventilation of, the patient	2	
Applies high concentration of oxygen to the patient	1	
Assures CPR continues without unnecessary/prolonged interruption	1	
Re-evaluates patient/CPR in approximately one minute	1	
Repeats defibrillator sequence	1	
TRANSPORTATION		
Verbalizes transportation of patient	1	
Must score 21 or higher without any critical criteria checked. ***Total***	**26**	

CRITICAL CRITERIA

_____ Did not take, or verbalize, body substance isolation precautions
_____ Did not re-evaluate the need for immediate use of the AED
_____ Did not direct initiation/resumption of ventilation/compressions at appropriate times
_____ Did not assure all individuals were clear of patient before delivering each shock
_____ Did not operate the AED properly (inability to deliver shock)
_____ Prevented the defibrillator from delivering indicated stacked shocks
_____ Upon completion of immobilization, head is not in the neutral position

Comments:

_____

_____

_____

Evaluator Signature: _____

Evaluator Name Printed: _____

Modeled after the National Registry of EMT
8/05

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Immobilization Skills
Joint Injury

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions for situation	1	
Directs application of manual stabilization of the shoulder injury	2	
Assesses motor, sensory and circulatory function in the injured extremity	2	
NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injured joint	1	
Immobilizes the bone below the injured joint	1	
Secures the patient's head to the device	2	
Reassesses motor, sensory and circulatory function in the injured extremity	2	
NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
Must score 10 or higher without any critical criteria checked. Total	**13**	

CRITICAL CRITERIA

_____ Did not support the joint so that the joint did not bear distal weight
_____ Did not immobilize the bone above and below the injured site
_____ Did not assess motor, sensory and circulatory function in the injured extremity before and after splinting.

Comments:

Evaluator Signature: _____

Evaluator Name Printed: _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Immobilization Skills
Long Bone Injury

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions for situation	1	
Directs application of manual stabilization of the injury	2	
Assesses motor, sensory and circulatory function in the injured extremity	2	
NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injured site	1	
Immobilizes the joint below the injured site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses motor, sensory and circulatory function in the injured extremity	2	
NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
Must score 10 or higher without any critical criteria checked. Total	**13**	

CRITICAL CRITERIA

_____ Grossly moves the injured extremity
_____ Did not immobilize the bone above and below the injured site
_____ Did not assess motor, sensory and circulatory function in the injured extremity before and after splinting.

Comments:

Evaluator Signature: _____

Evaluator Name Printed: _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Immobilization Skills
Traction Splint

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions for situation	1	
Directs application of manual stabilization of the injured leg	1	
Assesses motor, sensory and circulatory function in the injured extremity	2	
NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
Prepares/adjusts splint to the proper length	1	
Positions the splint next to the injured leg	1	
Applies the proximal securing device (e.g. ischial strap)	1	
Applies the distal securing device (e.g. ankle hitch)	1	
Applies mechanical traction	1	
Positions /secures support straps	1	
Re-evaluates the proximal/distal secure devices	1	
Reassesses motor, sensory and circulatory function in the injured extremity	2	
NOTE: The examiner acknowledges "motor, sensory and circulatory function are present and normal"		
NOTE: The examiner must ask the candidate how he/she would prepare the patient for transportation		
Verbalizes securing the torso to the long board to immobilize the hip	1	
Verbalizes securing the splint to the long board to prevent movement of the splint	1	
Must score 13 or higher without any critical criteria checked. ***Total***	**16**	

CRITICAL CRITERIA

_____ Loss of traction at any point after it was applied
_____ Did not assess motor, sensory and circulatory function in the injured extremity before and after splinting
_____ The foot was excessively rotated or extended after splint was applied
_____ Did not secure the ischial strap before taking traction
_____ Final immobilization failed to support the femur or prevent rotation of the injured leg
_____ Secured the leg to the splint before applying mechanical traction

NOTE: If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded (1) point as if manual traction were applied.

NOTE: If the leg is elevated at all, manual traction must be applied before elevating the hip. The ankle hitch may be applied before elevating the leg and used to provide manual traction

Comments:

_____

_____

_____

Evaluator Signature: _____

Evaluator Name Printed: _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Intramuscular/Subcutaneous Medication Administration

	Possible Points	Points Awarded
Confirms the verbal order	1	
Explains procedure to patient	1	
Takes/verbalizes body substance isolation precautions prior to administration of medication	1	
Checks for known allergies, contraindications, or incompatibilities	2	
Checks Medication for:		
Correctness	1	
Clarity	1	
Expiration date	1	
Concentration	1	
Selects proper equipment	1	
Draws up appropriate amount of medication	2	
Identifies proper site for injection	1	
Cleanses site appropriately	1	
Introduces needle at appropriate angle with bevel up	1	
Aspirates for blood return	1	
Administers medication	1	
Withdraws needle and dresses the injection site	1	
Verbalizes need to observe patient for desired effect/adverse side effects	1	
Voices proper documentation of medication administration	1	
Must score 15 or higher without any critical criteria checked. ***Total***	**19**	

CRITICAL CRITERIA

_____ Failure to begin administration of medication within 3 minute time limit
_____ Failure to take or verbalize body substance isolation precautions
_____ Contaminates equipment or site without appropriately correcting situation
_____ Administers improper medication or dosage (wrong drug, incorrect amount, or pushes at inappropriate rate)
_____ Technique or equipment utilized would have resulted in medication being deposited in wrong tissue
_____ Failure to dispose of needle and syringe in proper container

Comments:

_____

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_____

_____

Evaluator Signature: _____

Evaluator Name Printed: _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Oxygen Administration

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Assembles the regulator to the tank	1	
Opens the tank	1	
Checks for leaks	1	
Checks tank pressure	1	
Attaches non-rebreather mask to oxygen	1	
Prefills reservoir	2	
Adjusts liter flow to 12 liters per minute or greater	2	
Applies and adjusts the mask to the patient's face	1	
NOTE: The examiner must advise the candidate that the patient is not tolerating the non-rebreather mask. Medical control has ordered you to apply a nasal cannula to the patient		
Attaches the nasal cannula to oxygen	1	
Adjusts liter flow to six (6) liters per minute or less	2	
Applies nasal cannula to the patient	1	
NOTE: The examiner must advise the candidate to discontinue oxygen therapy		
Removes the nasal cannula from the patient	1	
Shuts off the regulator	1	
Relieves the pressure within the regulator	1	
Must score 14 or higher without any critical criteria checked. ***Total***	**18**	

CRITICAL CRITERIA

_____ Did not take, or verbalize, body substance isolation precautions

_____ Did not assemble the tank and regulator without leaks

_____ Did not prefill the reservoir bag

_____ Did not adjust the device to the correct liter flow for the non-rebreather mask
(12 liters per minute or greater)

_____ Did not adjust the device to the correct liter flow for the nasal cannula
(6 liters per minute or less)

Comments:

_____

_____

_____

Evaluator Signature: _____

Evaluator Name Printed: _____

Modeled after the National Registry of EMT
8/05

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Spinal Immobilization
Seated Patient

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions for situation	1	
Directs assistant to place/maintain head in the neutral in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized cervical collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to the long board	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Must score a 9 or higher without any critical criteria checked. ***Total***	**11**	

CRITICAL CRITERIA

_____ Did not immediately direct, or take, manual immobilization of the head
_____ Released, or ordered release of, manual immobilization before it was maintained mechanically
_____ Patient manipulated, or moved excessively, causing potential spinal compromise
_____ Device moved excessively up, down, left or right on the patient's torso
_____ Head immobilization allows for excessive movement
_____ Torso fixation inhibits chest rise, resulting in respiratory compromise
_____ Upon completion of immobilization, head is not in the neutral position
_____ did not assess motor, sensory and circulatory function in each extremity after voicing immobilization to the long board
_____ Immobilized head to the board before securing the torso

Comments:

_____

_____

_____

_____

_____

_____

Evaluator Signature: _____

Evaluator name printed: _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Spinal Immobilization
Supine Patient

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions for situation	1	
Directs assistant to place/maintain head in the neutral in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized cervical collar	1	
Positions the immobilization device behind the patient	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the board as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Verbalizes moving the patient to the long board	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Must score 11 or higher without any critical criteria checked. ***Total***	**14**	

CRITICAL CRITERIA

_____ Did not immediately direct, or take, manual immobilization of the head
_____ Released, or ordered release of, manual immobilization before it was maintained mechanically
_____ Patient manipulated, or moved excessively, causing potential spinal compromise
_____ Patient moves excessively up, down, left or right on the patient's torso
_____ Head immobilization allows for excessive movement
_____ Upon completion of immobilization, head is not in the neutral position
_____ Did not assess motor, sensory and circulatory function in each extremity after immobilization to the device
_____ Immobilized head to the board before securing the torso

Comments:

Evaluator Signature: _____

Evaluator Name Printed: _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Ventilation Management

Dual Lumen Airway Device (Combitube or PTL)

NOTE: If student elects to ventilate initially with BVM attached to reservoir and oxygen, full credit must be given for attempts denoted "**" so ling as first ventilation is delivered within initial assessment

		Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
Opens the airway manually		1	
Elevated tongue, inserts simple adjunct (oropharyngeal or nasopharyngeal airway)		1	
NOTE: Examiner now informs student no gag reflex is present and patient accepts adjunct			
** Ventilates patient immediately with bag-valve-mask device unattached to oxygen		1	
** Hyperventilates patient with room air		1	
NOTE: Examiner now informs student that ventilation is being performed without difficulty			
Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator (12-15 L/min)		1	
Ventilates patient at a rate of 10-20/minute with volumes of at least 800 ml		1	
NOTE: After 30 seconds, examiner auscultates7 and reports breath sounds are present, equal bilaterally and medical direction has ordered insertion of dual lumen airway. The examiner must now take over ventilation.			
Directs assistant to hyperventilate patient		1	
Checks/prepares airway device		1	
Lubricates distal of the device (may be verbalized)		1	
NOTE: Examiner to remove OPA or NPA and moves out of the way when student is prepared to insert device			
Positions head properly		1	
Performs a tongue-jaw lift			
USES COMBITUBE®	**USES PTL®**		
Inserts device in mid-line and to depth so printed ring is at level of teeth	Inserts device in mid-line until bite block flange is at level of teeth	1	
Inflates pharyngeal cuff with proper volume and removes syringe	Secures strap	1	
Inflates distal cuff with proper volume and removes syringe	Blows into tube #1 to adequately inflate both cuffs	1	
Directs ventilation of patient and confirms proper placement by auscultation over epigastrium and bilaterally over each lung		1	
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung		1	
Attaches/directs attachment of BVM to the first (esophageal placement) lumen and ventilates		1	
NOTE: Examiner now states, "You do not see rise and fall of the chest and you only hear sounds over the epigastrium"			
Attaches/directs attachment of the BVM to the second (endotracheal placement) lumen and ventilates		1	
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium and bilaterally over each lung		1	
NOTE: The examiner confirms adequate chest rise, absent sounds over the epigastrium, and equal bilateral lung sounds			
Secures device or confirms that the device remains properly secured		1	
Must score 16 or higher without any critical criteria checked.	**Total:**	**20**	

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Ventilation Management

DUAL LUMEN AIRWAY DEVICE (COMBITUBE OR PTL) (CONT.)

CRITICAL CRITERIA

_____ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
_____ Failure to take or verbalize body substance isolation precautions
_____ Failure to voice and ultimately provide high concentration oxygen (at least 85%)
_____ Failure to ventilate patient at a rate of at least 10/minute
_____ Failure to provide adequate volumes per breath (maximum 2 errors/minute permissible)
_____ Failure to hyperventilate patient prior to placement of the dual lumen airway device
_____ Failure to insert the dual lumen airway device at a proper depth or at either proper place within 3 attempts
_____ Failure to inflate both cuffs properly
_____ Combitube - failure to remove syringe immediately after inflation of each cuff
_____ PTL – failure to secure the strap prior to cuff inflation
_____ Failure to confirm that the proper lumen of the device is being ventilated by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung
_____ Inserts any adjunct in a manner dangerous to the patient

Comments:

Evaluator Signature: _____

Evaluator Name Printed: _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Patient Assessment-Medical

*Note: Areas noted by a "**" may be integrated within the sequence of initial assessment*		Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions		2	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of C-Spine		1	
INITIAL ASSESSMENT/RESUSCITATION			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway:	- Opens and assesses airway	1	
	- Inserts adjunct as indicated	1	
Breathing	- Assess breathing	1	
	- Assures adequate ventilation	1	
	- Initiates appropriate oxygen therapy	1	
	- Manages any injury which may compromise breathing/ventilation	1	
Circulation	- Checks pulse	1	
	- Assesses skin (either skin color, temperature or condition)	1	
	- Assesses for and controls major bleeding if present	1	
	- Initiates shock management	1	
Identifies priority patients/makes transport decision		2	
FOCUSED HISTORY AND PHYSICAL EXAM/RAPID ASSESSMENT			
History of Present Illness	- Onset - Severity- - Provocation - Time - Quality - Clarify Questions - Radiation	2	
Past Medical History	- Allergies Intake - Last Oral - Medications - Events leading to present illness - Past Pertinent Hx	2	
Performs focused physical examination (assess affected body part/system or, if indicated complete rapid assessment)		4	
- Cardiovascular - Integumentary			
- Pulmonary - GI/GU			
- Neurological - Reproductive			
- Musculoskeletal - Psycho-Social			
Vital Signs	- Pulse - Blood Pressure - Respiratory rate & Quality - AVPU	2	
Diagnostics		1	
States field impression of patient		1	
Verbalizes treatment plan for patient and calls for appropriate intervention(s)		1	
Transport decision re-evaluated		1	
ONGOING ASSESSMENT			
Repeats initial assessment		1	
Repeats vital signs		1	
Evaluates response to treatments		1	
Repeats focused assessment regarding patient complaint or injuries		1	
Must score 32 or higher without any critical criteria checked.	**Total**	**40**	

Modeled after the National Registry of EMT
8/05

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

CRITICAL CRITERIA

_____ Failure to take or verbalize body substance isolation precautions
_____ Failure to determine scene safety
_____ Failure to voice and ultimately provide high concentration oxygen
_____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
_____ Failure to differentiate patient's need for immediate transportation vs. continued assessment and treatment at the scene
_____ Does other detailed or focused history or physical exam before assessing and treating threats to airway, breathing and circulation
_____ Failure to determine the patient' primary problem
_____ Orders a dangerous or inappropriate intervention

Comments:

Evaluator Signature: _____

Evaluator Name Printed: _____

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

Note: Areas noted by a "**" may be integrated within the sequence of initial assessment		**Points Possible**	**Points Awarded**
Takes or verbalizes body substance isolation precautions for situation		1	
SCENE SIZE UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of C-Spine		1	
INITIAL ASSESSMENT/RESUSCITATION			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway:	- Opens and assesses airway	1	
	- Inserts adjunct as indicated	1	
Breathing	- Assess breathing	1	
	- Assures adequate ventilation	1	
	- Initiates appropriate oxygen therapy	1	
	- Manages any injury which may compromise breathing/ventilation	1	
Circulation	- Checks pulse	1	
	- Assesses skin (either skin color, temperature or condition)	1	
	- Assesses for and controls major bleeding if present	1	
	- Initiates shock management	1	
Identifies priority patients/makes transport decision		1	
Selects appropriate assessment		1	
Obtains, or directs assistant to obtain baseline vital signs		1	
Obtains SAMPLE history		1	
DETAILED PHYSICAL EXAMINATION			
Head	- Inspects mouth**, nose**, and assesses facial area	1	
	- Inspects and palpates scalp and ears	1	
	- Assesses eyes for PEARRL**	1	
Neck**	- Checks position of trachea	1	
	- Checks jugular veins	1	
	- Palpates cervical spine	1	
Chest**	- Inspects chest	1	
	- Palpates chest	1	
	- Auscultates chest	1	
Abdomen/ Pelvis	- Inspects and palpates abdomen Assesses Pelvis	2	
	- Verbalizes assessment of genitalia/perineum as needed	1	
Lower Extremities** - Inspects, palpates, and assesses motor, sensory, and circulation functions		2	
Upper extremities - Inspects, palpates, and assesses motor, sensory, and circulation functions		2	
Posterior Thorax, Lumbar, & Buttocks**	- Inspects and palpates posterior thorax	1	
	- Inspects and palpates lumbar and buttocks area	1	
Manages secondary injuries and wounds appropriately		1	
Ongoing assessment		1	

Patient Assessment - Trauma

Must score 34 or above without any critical criteria marked. **Total**	**43**	

Start Time_____ Brunswick County Date_____/_____/_____
Stop Time _____ Emergency Medical Services Name_____

CRITICAL CRITERIA

_____ Failure to initiate or call for transport of the patient within 10 minutes
_____ Failure to take or verbalize body substance isolation precautions
_____ Failure to determine scene safety
_____ Failure to assess for and provide spinal protection when indicated
_____ Failure to voice and ultimately provide high concentration oxygen
_____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
_____ Failure to differentiate patient's need for immediate transportation vs. continued assessment and treatment at the scene
_____ Does other detailed or focused history or physical exam before assessing and treating threats to airway, breathing and circulation
_____ Orders a dangerous or inappropriate intervention

Comments:

Evaluation

The important aspect of evaluation is to be fair and objective documenting what the student does and not make bias judgements. Checking completed or not completed means either the student did complete the task or did not complete the task as described.

It is important to note comments if the student did not complete a task or tasks and if any of the critical criteria was checked.

Evaluator Signature _____

Evaluator Name Printed _____